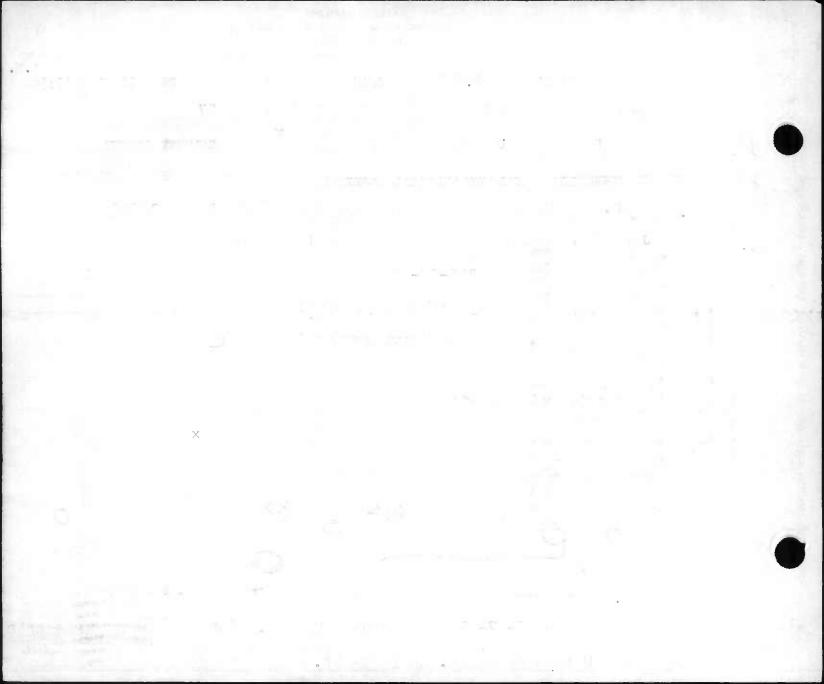
DHMH - 16 60M 7/ (VRA 15, 4)

11-	FOR STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY	GIENE 8 /	17	1 2 0	6
1.05	REGISTRAR	MIDDLE	CERT	IFICATE OF DEATH	REG. N		YEAR 25 HO	1
	CEASED NAME FIRST			(ASI	20 DATE OF DEATH	MONTH DAY	YEAR 26 HO	A
	JAM			BEAN	1.105	06 14		,10
3. SEX	X	4. RACE	5. DAT		6 AGE (IN YEARS LAST BIR	MONT		R Z3 HR
2	MALE	white		9 8 29	57	YRS		
56 0	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	MARI	NED - NEVER MARRIED 5	9 BALTIMORE CITY			
	IARYLAND ITY OR TOWN OF DEATH	U.S.A		WED DIVORCED C	12a USUAL OCCUPAT	ERT COUN	NTY 126. KIND OF BUSIN	A
PRI	INCE FREDERICK	CALVERT	MEMORTAL.	HOSPITAL	(TYPE OF WORK FOR MOST OF TYPE SET	OF WORKING LIFE!	NEWSPAP	
13a. S	AL RESIDENCE (IF NURSING FOME STATE NO. C	UNTY 13c. (	ESIDENCE BEFORE ADMISSIO LITY OR TOWN LA PLATA	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS BOX 34	/ ZIP CODE 2064	16	
A PAIFA	ATHER'S NAME	w DDur	LAST	15 MOTHER'S MAIDEN N				
013	JOHN MILTO	N BEAN	FW21	LEAH ES	TELLE TRO	TER	LAST	
	WAS DECEASED EVER IN U.S.		OCIAL SECURITY NO	. 17 INFORMANT	ADDR	ESS		
1		OREA 21	15-26-020	3 EMILY B.	RICE S	SAME AS	s #13	
	18 CAUSE OF DEATH (Enter					I	APPROXIMATE INTE	ERVAL ID DE AT
	PART 1. DEATH WAS CAU	SED BY		onary arrest				
injury, or other	PART 2 OTHER SIGNIFICAN  Organic bi	(c)			rminal disease or con	IDITION GIVEN I	IN PART 110	_
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERAT	ION WAS PERFORMED	20s AUTOPSY?		ERE FINDINGS USE G CAUSES OF DEA	
E I					YES NO	YES [		
7 - 2	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M.	URY MONTH DAY YEA	AR	JRRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART :	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
· <	AT WORK AT WORK				6/1	Δ	87	
ž.				5	7			
S mork	22a.1 certify that (I) (this ho			, 19	, to		, that [1]	,
Z I is morke	22a.1 certify that (I) (this ho			and that in my (our) opinion	n death occurred on the d	ate and hour on		,
Ifem 21 is mork				DEGREE	_		d from the couses s	toted
VI: If Ifem 21 is mork	220.1 certify that (I) (this had a second and a second an			DEGREE ATTENDING PHYSICIAN	n death occurred on the d	FF	d from the couses s	toted
	220.1 certify that (I) (this had a second and a second an	6/14/87 view the body ofter		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	EDICAL STA	EF CIAN []	d from the couses s 22c. DATE SIGNED 6/14/87	toted
MATORIANI: IF IREM 21 IS MORE	220.1 certify that (I) (this had been a Down of the course	6/14/87  no ) view the body after  E OR PRINT)		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	EDICAL STA	EF CIAN []	d from the couses s 22c. DATE SIGNED 6/14/87	toted
23a. E	220.1 certify that (I) (this had been all the second of th	6/14/87  Note the body ofter  FOR PRINT)  ROSS  AL 23b DATE	deoth. 19	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	EDICAL STA RECTOR PHYSIC Pderick, Mar	er clan () yland 20	22c. DATE SIGNED 6/14/87	toted
73a. E	220.1 certify that (I) (this had been all the second of th	6/14/87  Note the body ofter  E OR PRINT)  ROSS  AL 236 DATE	deoth. 19	DEGREE ATTENDING PHYSICIAL  220 ADDRESS -Prince Free F CEMETERY OR CREMATOR	EDICAL STA RECTOR PHYSIC	yland 20	d from the couse's 5 221. DATE SIGNED 6/14/87	toted 7



TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE WITHOURS AFTER DESCRIPTION STATES OF ANY DEAVISON OF VITAL RECORDS, 201 WORTHOUS AFTER DESCRIPTION OF ANY DEAVISON OF SHOULD BE PORWARDED TO THE CHEF MEDICAL EXAMINER. THIS FOR THE FORMER PAGES FOR TO FUNERAL DIRECTOR: PAGES 3 SHOULD BE USED AS A BURRAL TRANSPERSON OF THE STATE DEFARENCY OF HEALTH AND MEH THE STATE DEFARMENT OF HEALTH AND MEH THE STATE DEFARMENT.
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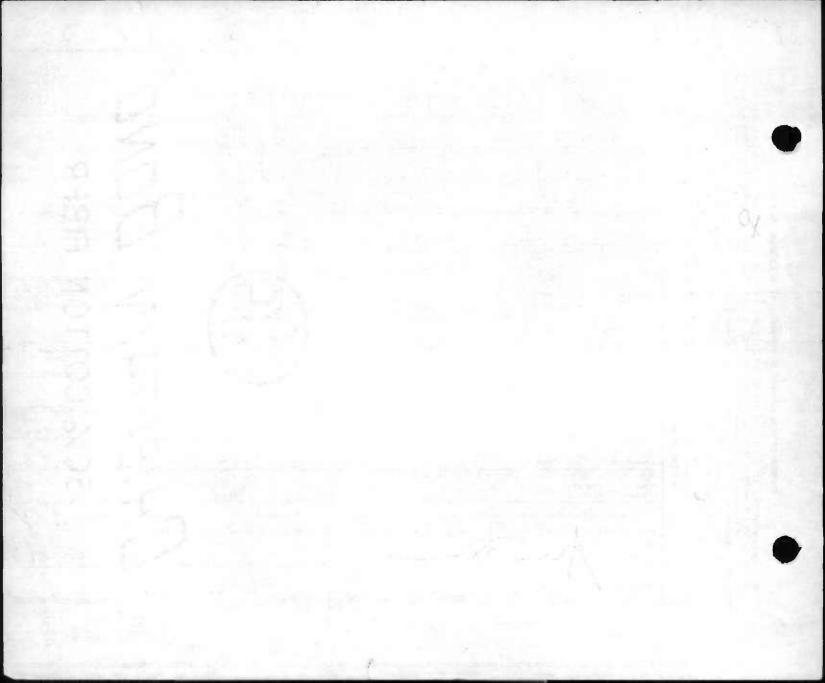
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DHMH - 17 (VR A15 ME (5))

07/84 25M

			STATE OF	MARYL	AND		
	DEPART	TMENT	OF HEAL	TH AND	MENTAL	HYGIENE	4
M	EDICAL	FXA	MINER'S	CERTIE	FICATE	OF DENTH	1/

		FOR		D	EPARTMEN'	STATE OF A	ARYLAND	HYGIENE		1 1
JUN		STATE REGISTRAR						OF DEATH REG. NO.	7 2	0 /
		CEASED NAM	E FIRST		MIDDLE		LAST	20. DATE KNOWN 🐑	MONTH DAY	YEAR 25 HOUR
ET,		CORTRING	CHAR	LES C.		В	OOTH	OF ESTI-	6 18 19	87 M
STREET	3. SE)		4. RACE	5. DATE OF BIRTH	YEAR LAS	BIRTHDAY) MONTH		DER 24 HRS 2c. DATE M	MONTH DAY	YEAR 2d. HOUR
8,00	ma]		white	11 23 DAY		YRS.	10000	DEAD		87 1:54 87 1:54
#/	FO	DREIGN COUNTRY)	ash. DC	76. CITIZEN OF WHA	AT COUNTRY?	8 MARRI WIDOW	ED NEVER MA	ORCED Calvert Cour	nty	MD.
	3	Huntir	ngtown		er-3235	Holland		120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKE 1 LECT I	cian Co	OF BUSINESS NDUSTRY OHSTE
15	13a. S	MD	Cal	OR OTHER INSTITUTION, GIVE NTY Vert	13c. CITY OR TO		13d. INSIDE CITY LIMITS YES NO	- 1 OC AC TT: 7 7 TT: 7	1 Ct./20	0639
40		HOWard	f	MIDDLE C.	Booth		15 MOTHER'S MA FIRST Nancy	MIDDLE	Englur	nd
NO /	16a. V (Y	WAS DECEASE (ES, NO, OR UNKNO	D EVER IN U.S. A	E WAR OR DATES	16b. SOCIAL SE		17. INFORMANT	ADDRESS	0 1	,
DIVISION		no		n/a nly ane cause per line fo	215-94		Howard C	. Booth (same as 1		OXIMATE INTERVAL
HEALTH AND MENTALIBROHE AL, CREMATION, OP REMOVAL	7 NO	Canditia gave ri cause (a lying cau	ns, if any, which se to immediat stating the under use last.	DUE TO, OR A	S A CONSEOU	ENCE OF		I PART 1 (g).		
AL, O	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDITIO	ON FOR WHICH	OPERATION W	AS PERFORMED?		20 AUT	OPSY?
SE T	TIF								YES	NO [
DEFARTMENT OF HE	MEDICAL CE	UNDERLYING CONTRIBUTION 21d INJURY C	OCCURRED	DEATH 1: 35 P.M.	MONTH DAY 6-18- FINJURY (ATH	YEAR 1987 Sul OME, 21f. LO		RRED LENTER NATURE OF INJURY IN ITEM 18 PART  E in contact with  CITY OR TOWN		re.
STATE	-	AT WORK	NOT WHILE AT WORK	under under	pier	323!	5 Holland	Cliffs Shores Rd.	.,Calver	t, MD
DEATH, WITH THE S.		22a I certi death result ACTUAL SEGNATURE		rge of the remains descri ural causes , ,	ribed abave, hel Accident X,	Suicide	Homicide TITLE (SPECIFY) D. Deputy	Undetermined manner ,	DATE 6	-19-87
AFTERD		EXAMINER'S (TYPE OR PRI	NA E AI	nn M. Dixon	, M.D.		ADDRESS_111	Penn St., Balto.,	MD 21:	201
BA	23a. Bl	URIAL CREMA SPECIFY) Buri	TION, REMOVAL	23b. DATE 6-21-87	1	of CEMETERY O		23d LOCATION CITY OR TOWN Huntingtown (	CAlvert	STATE MD
- 17 ME (5))	24. FI	UNERAL DIRECT	TOR USCH FH	OWINGS, ME				TEREC'D. BY REGISTRAR 256 AEGISTR	AR S. S. IGNATUR	partie de la constitución de la



DHMH - 16 60M 7/84 (VRA 15, 4)

ineral director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	CEASED NAME	FIRST		MIDDLE	1	ASI	20. DATE OF DE	ATH MONT	H DA	Y YEAR	2b. HOUR
(177)	E OR PRINT)	John	1	Benson	Bo	owen. Sr.	06	18	87		0749
3. SE	Х		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS		IF.	UNDER 1 YEAR	IF UNDER 2
Ma	ale		White		Augus	st 12, 1906	80		YRS.	INTHS DAYS	HOURS
o. B	RTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	0	D X NEVER MARRIED	9 BALTIMORE			F DEATH	
Ma	ryland		USA		WIDOWE		Ca1	vert			
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCC	CUPATION			F BUSINES
Pr	ince Frede	rick		rt Memori		spital	Farmer	K WOST OF WOR	KING LIFE)	Farm	ing
USU	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		Lia, CTDEET, ADD	DECC / 710	CODE	4	
	ryland	Calv		Hunting		YES NO A	10 M F	Bowen	Roa	d. 20	639
	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME				
Ma	urice F.	Bowen.	Sr.	LAST		Sarah Jenn:	ie Lvons	IDDIE		LAS	ST
16a \	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	0 - 310	ADDRESS			
(	NO OR UNKNOWN)	(IF YES, GIVI	A WAR OR DATES)	216-18-	5432	Virginia H	. Bowen.	Same	as #	13 A-	Đ
	18. CAUSE OF DEAT										MATE INTERV.
	PART I. DEATH V	VAS CAUSEI	D BY: E CAUSE (a)	UPP		I BLEED				n	DAYS
	Canditions, if any gove rise to im cause (a), stati underlying cause	mediate ng the e last.	(b)	ONTRIBUTING TO D	NCE OF	RICOHOLISM	<u></u>	P CONDITIO	INI CIVEN	I IN PART 1:	
TION	gove rise to im cause (a), stati underlying cause PART 2. OTHER SIG	mediate ng the e last. NIFICANT C	(b)	ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE O				
TIFICATION	gove rise to im cause (0), stati underlying couse	mediate ng the e last. NIFICANT C	(b)	ONTRIBUTING TO D	NCE OF	ALCOHOLISM	200 AUTOPS	Y? 20b.	IF YES, V	WERE FINDII	NGS USED OF DEATH
CAL CERTIFICATION	gove rise to im cause (a), stati underlying cause PART 2. OTHER SIG	mediate ng the e last.  NIFICANT C	(b)	ONTRIBUTING TO D	NCE OF  DEATH BUT  OPERATIO	NOT RELATED TO THE TERM	20a AUTOPS	Y? 20b.	IF YES, V CERTIFYII YES	WERE FINDII NG CAUSES	NGS USED
MEDICAL CERTIFICATION	gove rise to im cause (a), stati underlying cause PART 2. OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING	mediate ng the e last.  NIFICANT C  ATION  IDERLYING  CAUSE OF DEA INCAL EXAMINER:  REED	(b)	ONTRIBUTING TO D  ONTRIBUTING TO D  OTTOM FOR WHICH  OF INJURY  .M. MONTH DA	DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM	200 AUTOPS:  YES NO	Y? 20b.	IF YES, V CERTIFYII YES	WERE FINDII NG CAUSES	NGS USED OF DEATH
	gove rise to im cause (o), stati underlying cause (PART 2. OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK AT WORK 22a. I certify that (12a. I certif	mediate ng the e last.  NIFICANT C  ATION  DERLYING CAUSE OF DEA NICAL EXAMINER:  RED  ORK	(b)	ONTRIBUTING TO E  ONTRIBUTING TO E  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F.	DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPS:  YES NO	Y? 20b.	IF YES, V CERTIFYII YES	WERE FINDII NG CAUSES TI OR PART 2)	NGS USED OF DEATH NO
	gove rise to im cause (o), stati underlying cause (PART 2. OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK AT WORK 22a. I certify that (12a. I certif	mediate ng the e last.  NIFICANT C  ATION  DERLYING CAUSE OF DEA NICAL EXAMINER:  RED  ORK	(b)	ONTRIBUTING TO E  ONTRIBUTING TO E  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F.	NCE OF  DEATH BUT  OPERATIO  VY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET	200 AUTOPS  YES NOTER NATURE  CI	Y? 20h. IN 6 OF INJURY IN IT	IF YES, N CERTIFYII YES EM 18 PAR	WERE FINDII NG CAUSES  T 1 OR PART 2)  COUNTY	NGS USED OF DEATH NO
	gove rise to im cause (o), stati underlying cause PART 2. OTHER SIG	mediate ng the e last.  NIFICANT C  ATION  DERLYING CAUSE OF DEA NICAL EXAMINER:  RED  ORK	(b)	ONTRIBUTING TO E  ONTRIBUTING TO E  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F.	NCE OF  DEATH BUT  OPERATIO  Y YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET  19 3 c.  and that in (my) (aur) apinian  DEGREE	200 AUTOPS  YES NOTER NATURE  CI  At the death accurred of	Y? 20b. IN (	IF YES, NCERTIFYII YES  YEM 18 PAR  19	WERE FINDII NG CAUSES  T 1 OR PART 2)  COUNTY	NGS USED OF DEATH NO  STA
	gove rise to im cause (o), stati underlying cause (o), stati underlying cause (o) and one of the	mediate ng the e last.  NIFICANT C  VIION  IDERLYING CAUSE OF DEA INCAL EXAMINER:  IRED  Other last continued in the continue	(b) DUE TO, O (c) (c) ONDITIONS CO  19b. COND  10b. TIME CO (AI HOME, ST  10d) attended the Cold  17d) view the body	ONTRIBUTING TO E  ONTRIBUTING TO E  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F.	NCE OF  DEATH BUT  OPERATIO  Y YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET  19 3 c.  and that in (my) (aur) apinian  DEGREE	200 AUTOPS  YES NOTER NATURE  CI  At the death accurred of	Y? 20b. IN (	IF YES, NCERTIFYII YES  YEM 18 PAR  19	WERE FINDII NG CAUSES  T 1 OR PART 2)  COUNTY  and from the	NGS USED OF DEATH NO  STA
	gove rise to im cause [00], stati underlying cause [PART 2. OTHER SIG [19a DATE OF OPERA [19a DATE	mediate ng the e last.  NIFICANT C  VIION  IDERLYING CAUSE OF DEA INCAL EXAMINER:  IRED  Other last continued in the continue	(b) DUE TO, O (c) (c) ONDITIONS CO  19b. COND  10b. TIME CO (AI HOME, ST  10d) attended the Cold  17d) view the body	ONTRIBUTING TO E  ONTRIBUTING TO E  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F.	NCE OF  DEATH BUT  OPERATIO  Y YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET  19 3 c.  and that in (my) (aur) apinian  DEGREE	200 AUTOPS  YES NOTER NATURE  CI	Y? 20b. IN (	IF YES, NCERTIFYII YES  YEM 18 PAR  19	WERE FINDII NG CAUSES  T 1 OR PART 2)  COUNTY  and from the	NGS USED OF DEATH NO  STA
	gove rise to im cause (o), stati underlying cause (o), stati underlying cause (o) and one of the	MEDIANE CAME (TYPE OF AME)	(b)	ONTRIBUTING TO E  ONTRIBUTING TO E  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F.	NCE OF  DEATH BUT  OPERATIO  Y YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR  216. LOCATION STREET  19 36 and that im (my) (aur) opinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPS  YES NOTER NATURE  CI  A to  death accurred of  MEDICAL  DIRECTOR	Y? 20b. IN ( IN (  OF INJURY IN IT  ITY OR TOWN  OF INJURY IN IT  STAFF PHYSICIAN	IF YES, I CERTIFYI YES EM 18 PAR	WERE FINDII NG CAUSES  T 1 OR PART 2)  COUNTY  and from the	NGS USED OF DEATH NO  STA
WEDICAL WEDICAL	gove rise to im cause (o), stati underlying cause (PART 2. OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTIFY MED 21d. IN JURY OCCUR WHILE ON THE WORK AT WORK	MEDICAL CAME CAUSE OF DEAL CALLETAMINER.  WHILE CAUSE OF DEAL CALLETAMINER.  WHILD CAUSE OF DEAL CALLETAMINER.  WHILE CAUSE OF DEAL CALLETAMINER.	(b)	ONTRIBUTING TO DESTRUCTION FOR WHICH  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F.  The deceased from  19  office of the deceased from  19	NCE OF  DEATH BUT  OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 34  and that in (my) (aur) apinian DEGREE  ATTENDING PHYSICIAN  22c. ADDRESS	200 AUTOPS  YES NO RED (ENTER NATURE  death accurred of  MEDICAL  DIRECTOR  1334 LOCATIC	Y? 20b. IN CO INJURY IN IT IT OR TOWN  STAFF PHYSICIAN  arylar	IF YES, I CERTIFYI YES EM 18 PAR  , 19 and haur o	county  20678	NGS USED OF DEATH NO   STA  that (II) (we couse state

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distribution of the contract o

requires that the death certificate be executed within 24 hours after death. Page 4 may be

ATTENDING PHYSICIAN, The low

retained by the haspital ar

BP.

TO HOSPITAL

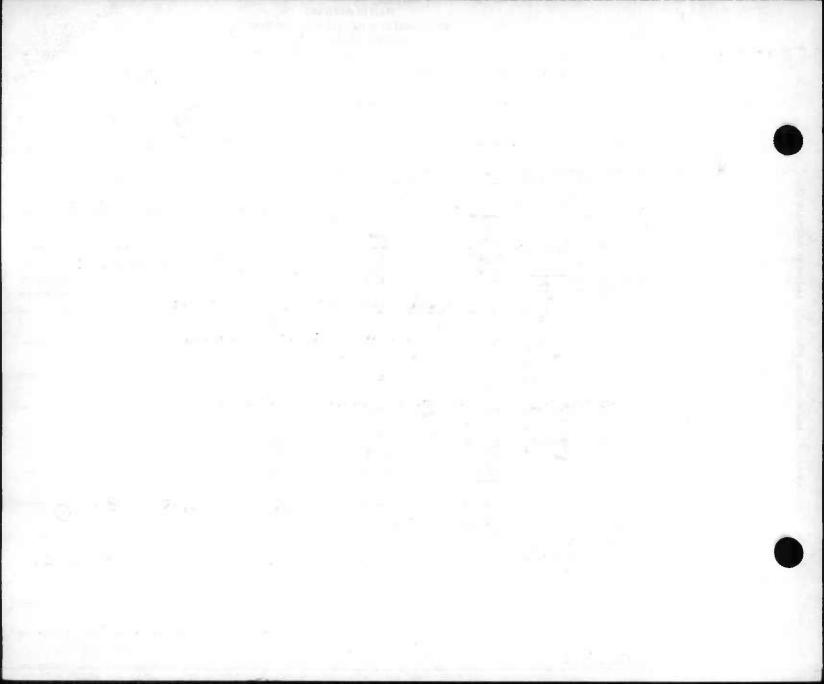
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STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

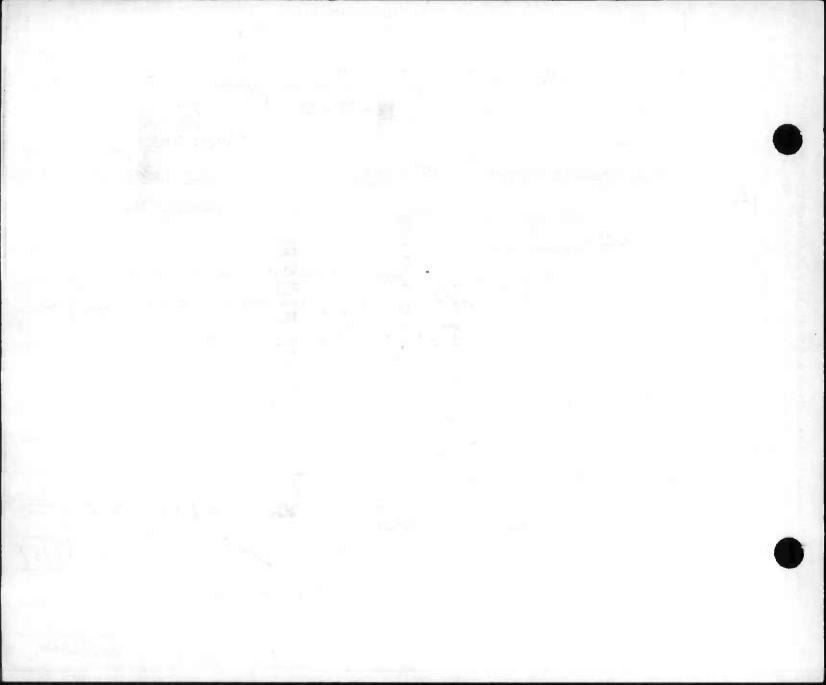
3	7	į	7	2	0	9
	REG. NO.					

1	- STATE REGISTRAR				ICATE OF DEATH	REG. N	0.	2	0 9
	DECEASED NAME F	IRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
1000	THE ORPRINT)	IARY MARG	GARET BUTT			1	6/15/	87	223
3 S		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 H
	Female	White	,	MONTH 5/	7/98 YEAR	89yrs	YRS	THS DAYS	HOURS M
70.1	BIRTHPLACE (STATE OF FORE		F WHAT COUNTRY?	R		9 BALTIMORE CITY		DEATH	
1	Maryland	U.S.A			D NEVER MARRIED D	Calvert C			
10.4	CITY OR TOWN OF DEATH			WIDOWE	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b KIND OF	BUSINESS
Pr	rince Frederi	ck Calver	och facility, give street at t Memorial	DRESS)		Homemaker	F WORKING LIFE)	Own Ho	
130	SUAL RESIDENCE (IF NURSING II. STATE Md.	HOME OF OTHER INSTITUTION COUNTY LAIVERT	Pr. Freder	ick	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 60-A Dares		Rd/206	5 <b>7</b> 8
e 14.1	FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME			
	William	MIDDLE H.	Bohlman		Mary	Rose	(no	e Butt	- )
0 160	WAS DECEASED EVER IN				17 INFORMANT	60-AADB	The Boa	ch Pd	-/
16e		FYES, GIVE WAR OR DATES}			Evelyn F. Al	len-Prince	Frederi		
<u>å</u> /	18 CAUSE OF DEATH	Enter only one couse p	er line for (a), (b), and	tc:.1			1	APPROXIM BETWEEN OF	NATE INTERVA
vent		CAUSED BY MEDIATE CAUSE (a)_	card	OP	olmong	CULP.	+		
9 7	887								
aw.	Canditions, if any, w		OR AS A CONSEQUEN	J L JM	nor trut	SCPSil.			
‡u	gove rise to immed	liate		<u> </u>	1	301 3.3.			
other	underlying cause	the DUE TO.	or as a consequen	ICE OF	`				
ζ,		CANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER	AINAL DISEASE OR CON	DITION GIVEN	IN PART 11a	
5 0	Disk	ctes	biliter	1.	him In	ナレアン			
E shows only injur	19a DATE OF OPERATIO	N 196 CON	DITION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES		
4-4 2	21g. ACCIDENT WAS UNDER	YING   21b. TIME	OF INJURY		21c HOW INJURY OCCUP			1 OR PART 2)	
	OR CONTRIBUTING CALL		A.M. MONTH DAY	YEAR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
# / S	(IF EITHER NOTIFY MEDICAL		P.M.	19	211. LOCATION				
MEDICAL	21d INJURY OCCURRED	(AT HOME S	E OF INJURY STREET FACTORY, OFFICE, FAR	RM ETC 1	STREET	CITY OR TO	NWC	COUNTY	STATE
91	AT WORK				- 01		-	0	
€/	220.1 certify that (1) (h	is hospital) attended	the deceased from	1	19	, to	19.	37	ha (1) (we)
0	saw the deceased	offive on	19	), ar	nd that in (my) (aur) opinian	death occurred on the o	ate and hovi ar	nd from the c	auses state
19	22b. SIGNATURE	(did nat) view the bac	ly after death.		DEGREE			22c. DATE S	SIGNED
# /		SMA V			M.D. ATTENDING	MEDICAL STA		6-1	107
ž-,-	22d PHYSICIAN'S NAM	OVOLV			PHYSICIAN 27e. ADDRESS	DIRECTOR   PHYSI	LIAN []		60
× /									
MPOR	Dr. Rona				Prince Fre	derick, MD			
≤ 230	BURIAL, CREMATION, RE			AME OF C	EMETERY OR CREMATORY	23d LOCATION	e e	OHNTY	STATI
.	Burial	6/19	)/87   Che	lten	ham Vet's Cen	Cheltenh	am(Pr.G	ro's)	Md.
24	FUNERAL DIRECTOR				250 DA	TE REC'D. BY REGISTRA	256 REGISTRAL	R'S SIGNATL	URE
7/84	FUNERAL DIRECTOR Richard A. C Funeral Home	oreman O	pper Marlb	oro,	Mg. 20/72	JN 22 1987	1000	List dura.	Kanadan

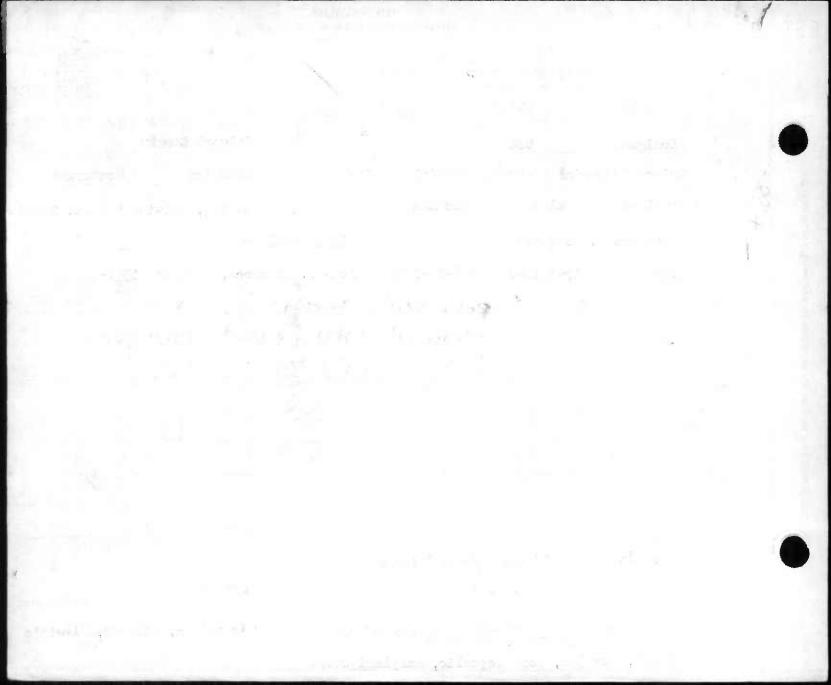
DHMH - 16 60M 7/ (VRA 15, 4)



STATE OF MARYLAND



33 JUN 1		FOR ISTATE REGISTRAR				CERTIF	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	0 /	REG. NO.	7	2	
eath day		CEASED NAME OF FRINTS	EIRST CLAREN		VIN CO	MSTOC	K	20 DATE OF D		6/87	- 04	ь. ноиг 1218Р м
ector, po	1, 5E)	Male		4. RACE White		5. DATE O		6 AGE (IN YEAR	S LAST BIRTHDAY) YRS	IF UNDER		FUNDER 24 HRS
A Special distribution of 272 hours	Mi	RTHPLACE (STATE OR F		76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED		city <u>or</u> count		ATH	MD.
69	357	ince Freder		LIE NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET Memoria	DODESS)	pital	120 USUAL OC (TYPE OF WORK FO Barter	R MOST OF WORKING	LIFE) INDU	IND OF B ISTRY <b>estur</b>	rant
to all the	Max	ryland	13b COUN Cal	other institution ity vert	Solomon	admission) V <b>S</b>	13d. INSIDE CITY LIMITS?	Box 26	ORESS / ZIP CO		B St	t. 2068
040	C:	larence G.	Coms		LAST		15. MOTHER'S MAIDEN NA Dixie Ratc	,	NIDDLE		IAST	
- Pages	- 11	VAS DECEASED EVER VES. NO OR UNKNOWN)		MED FORCES? 1960	386-14-		Jean W. Co	mstock,	Same as			ITE INTERVAL SET AND DEATH
s been signed by the remit. Then please re- perior to burnel creations to provide the series of the	CERTIFICATION	PART 2 OTHER SIGN	lost.	(c) CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE C	Y? 20b. IF Y	ES, WERE I	FINDING	S USED
certificate ha	100	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEA			Y YEAR	21¢ HOW INJURY OCCUR		10 🗌	YES 🗌		мо []
s the bur hand Me rked or It	MEDICAL	21d INJURY OCCUR	ILE 🗍	21e PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFICE F	ARM ETC )	21f LOCATION STREET	(	ITY OR TOWN	COU	NīY	STATE
for use of Health		220.1 certify that (I) saw the decease above, (I) (we) (c	ed alive an			, o	nd that in (my) (aur) apinion	death accurred o	in the date and h	_, 19 aur and fro		at (I) (we) last uses stated
tAL DIREC deroched ote Dept.		22b. SIGNATURE	nnl	nei	fasale	un	DEGREE  ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN	220	DATE SIG	GNED `
to FUNERAL should be det with the Store		Dr. Kic		r PRINT) Ce Yazda	ıni		Huntingtown	, MD 206	39		J.	
16 60M 7/B4 RA 15, 4)		SURIAL CREMATION, SPECHY) TEMATION UNERAL DIRECTOR NAME 264, Box	Dona	6-10- ld V. B	1987 Me orgwardt	tropo	Itan 20676	23d LOCATI CITYOR Alexa TE REC'D, BY REC	TOWN	airfa STRAR'S S	v V	STATE irginia RE.



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J		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 / REG. NO.	7212
		CEASED NAME FIRST   Alice	Elizabeth Cooper	LAST	20 DATE OF DEATH MONTH 06/29/87	OAY YEAR 26 HOUR 0333 A
	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER LYEAR IF UNDER 24 HRS
		Female	Black	12 06 15	71 <sub>YRS</sub>	
5	(	RTHPLACE (STATE OR FOREIGN MD.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED WEVER MARRIED WIDOWEN DIVORCED	Calmant	Y OF DEATH MD.
7	Pr	Frederick	(IF NOT IN SUCH FACILITY, GIVE STREET Calvert Mem)	NG HOME OR OTHER INSTITUTION TADDRESS! Hospital	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	IZE KIND OF BUSINESS OR INDUSTRY
5	13a. S	MD. St.	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV Mary's Leonar	dtown YES NO NO	Rt. 1. Box 1	£ .52/20650
-	14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	WIDDEE	LAST
U	14 14	Louis  WAS DECEASED EVER IN U.S. AR	Miles	Laura URITY NO. 117 INFORMANT	<u>Elizabeth</u>	Yorkshire
2			VE WAR OR DATES] 220-32	6015	C1 3.	me as 13e.
		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate	TE CAUSE (0)	non i a	a d sense	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  CLL  5 7 C.
		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	e failure	•	
	Z	PART 2 OTHER SIGNIFICANT	conditions <u>contributing to</u>	DEATH BUT OF RELATED TO THE TE	RMINAL DISEASE OR CONDITION GI	VEN IN PART TIO
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.M.	AY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE,	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		sow the deceased alive or above (I) (we) (did) (did no	ottended the eleceosed from	2 , and that in Imy) (our) opinion	an death accurred on the date and hou	19 that (It (we) last us and from the causes stated
		226. SIGNATURE	Sell-V		MEDICAL STAFF	6/24/87
		G. Sterner	Eleschke, C	Pr. Frderi	ck. Md.	1-1

BP.

marked or Item 18 shaws any injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenditional be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

O HOSPITAL OR ATTENDING PHYSICIAN: The law

etained by the haspital or

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 24. FUNERAL DIRECTOR

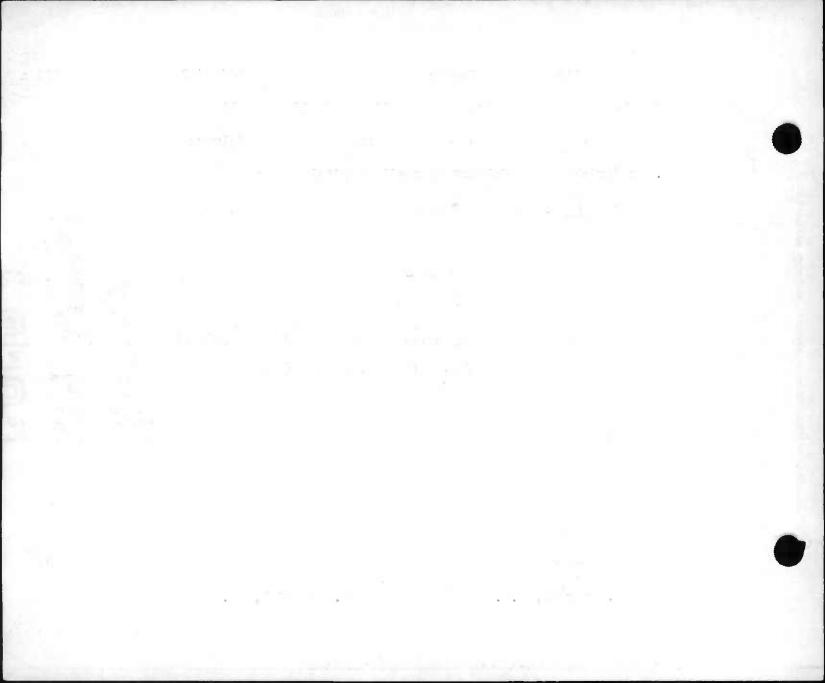
23a BURIAL, CREMATION, REMOVAL (SPECIFY) 7-4-87 Charles Memorial Gardens

Leonardtown, St. Mary's, MD.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 0 1 1987

W.Clarke Mattingley, Leonardtown, Md.



1 - FOR 1 - STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 7	-	721	3
DECEASED NAME FIRST	M	DDLE	LAST	20. DATE OF DEATH	AONTH DAY	YEAR 26 HOUR	1
	LIAM	EDWARD	DEALE		6-24-	1987	M
SEX	4. RACE	5. DATE (		6 AGE (IN YEARS LAST BIRTH	IDAY) IF UN	IDER I YEAR IF UNDER 24 H	HRS
MALE	WHITE	Jai		85	YRS		111.4.
A BIRTHPLACE (SPATE OR FOREIGN	76 CITIZEN OF V	/HAT COUNTRY? 8 MARRIE	D NEVER MARRIED X	P BALTIMORE CITY OR Calvert	COUNTY OF		MD.
O. CITY OR TOWN OF DEATH		OSPITAL, NURSING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATIO		26. KIND OF BUSINESS	OR
Prince Frederick			RSING CENTE	1	WORKING LIFE	seafood	
SUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO	UNTY	ive residence before admission) 13c. CITY OR TOWN Deale	13d INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS / 5933 Rockho		ek Rd/2071!	5_
Lareckson	WIDDLE	Deale	15. MOTHER'S MAIDEN NA Christina	ME MIDDLE	Oram	e LAST	
WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, OR OR UNKNOWN) (IF YES, OR OR UNKNOWN)	ARMED FORCES?  GIVE WAR OR DATES)  A	219-32-1030	17. INFORMANT  MILTON DEA	ADDRES LE	s 5933 DEAI	ROCKHOL LE. MD. 2	D I
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMEDI	anly ane cause per 1 SED BY: ATE CAUSE (a)	Cardus P	I arre	et.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	тн
Canditians, if any, which	DUE TO, OR	AS A CONSEQUENCE OF	CHF.	, TIA,	, Co	PO.	
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUENCE OF	e seros	fernal &	Pach	√ .	
PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN I	V PART 1(a	
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		RE FINDINGS USED G CAUSES OF DEATH?	
21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M	. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
21d INJURY OCCURRED	21e PLACE C	F INJURY	21f LOCATION STREET	CITY OR TOW	N (	COUNTY STATE	

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Woodfield Cemetery

22e ADDRESS

ATTENDING PHYSICIAN

HUNTINGTOWN,

and that in (my) (qur) apinian death accurred an the date and have and from the causes stated

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

23d LOCATION CITY OF TOWN

MARYLAND

Galesville

250. DATEREC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUN 29 1987 June Daviden. R.

221. DATE SIGNED

STATE

MD

20639

COUNTY

AA

BP\_\_\_\_\_\_ DHMH - 16 60M 7 B4 (VRA 15, 41

D FUNERAL DIRECT lould be detached In th the State Dept. o

ORTANT

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226. SIGNATURE

230. BURIAL, CREMATION, REMOVAL

Buria1

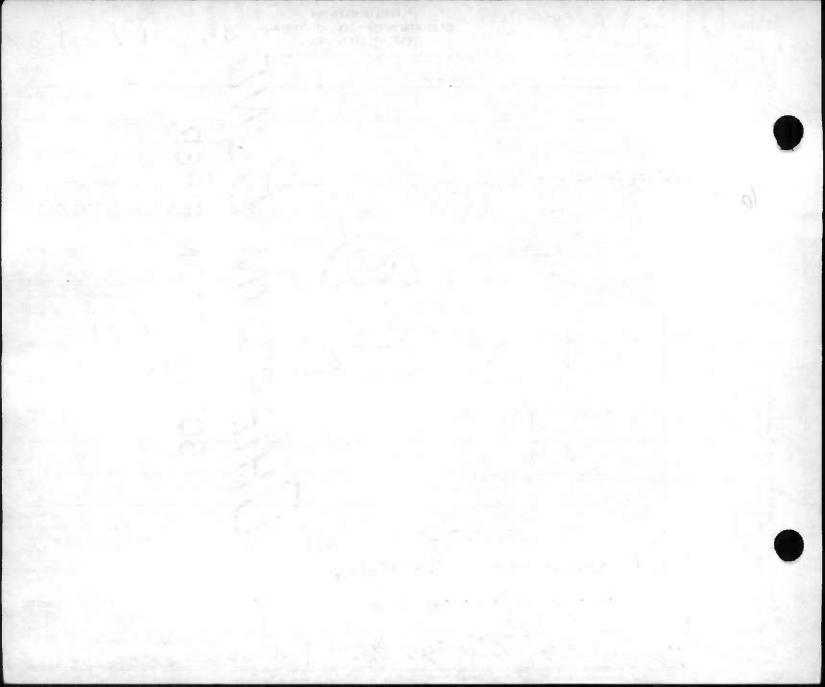
DR. K. YAZDANI, M.D

23b. DATE

6-26-87

Almore

22d. PHYSICIAN'S NAME (TYPE OR PRINT)



4			STATE OF MARYLAND				
Julia	FOR - STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	GIENE 8	10.	7 2	4
	ECEASED NAME TPST	MIDDLE	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	CLARA		DOVE		06	21 87	10:12 M
3 5	FEMALE	4. RACE WHITE	5. DATE OF BIRTH OCT. 314, 1898	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	
70. BIRTHPLACE (STATE OR FOREIGN MARYLAND  10. CITY OR TOWN OF DEATH  Prince Frederic  JSUAL RESIDENCE (IF NURSING MARYLAND  13.0 STATE MARYLAND A  11. FATHER'S NAME FIRST WILLIAM		76 CITIZEN OF WHAT COUNTS	Y? 8.  MARRIED NEVER MARRIED WIDOWED XX DIVORCED	9 BALTIMORE CITY Of		Y OF DEATH	MD.
1111	rince Frederick	11. NAME OF HOSPITAL, NUR (HENOT IN SUCH FACILITY, GIVE STR LVERT HOUSE	SING HOME OR OTHER INSTITUTION  BET ADDRESS!	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUSEWIFE	OF WORKING L	(FE) INDUSTRY	SEHOLD
130	1/	NTY 13c. CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5842 SWAN	/ ZIP COD IP CI	RCLE	875/
OVI	FIRST	LEATHER LAST	RBURY MARY	MIDDLE		SIMMO	VS
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (1F YES GI	RMED FORCES? 166 SOCIAL SE 217-32		BROWN	13	Е	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), ED BY:	ond (c)	(.00.)		APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	Carlotte Land	DUE TO, OR AS A CONSEC	DUENCE OF				
TIFICATION	190 DATE OF OPERATION	DUE TO, OR AS A CONSECUTION OF THE CONDITION FOR WHI	O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED	200 AUTOPSY?	20h. IF YE IN CERTI	S, WERE FIND FYING CAUSE ES []	INGS USED
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  11a ACCIDIT WAS UNITED THE COLOR OF DEPARTS OF	DUE TO, OR AS A CONSECUTION OF THE CONDITION FOR WHITE THE OF INJURY.	O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED	200 AUTOPSY?	20h. IF YE IN CERTI	S, WERE FIND FYING CAUSE ES []	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS A CONSECUTION OF THE CONDITION FOR WHITE THE OF INJURY.	DUENCE OF  O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED  DAY YEAR 10 711 LOCATION STREET	200 AUTOPSY?	20h IF YE IN CERTI YI	S, WERE FIND FYING CAUSE ES []	INGS USED S OF DEATH?
	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19° DATE OF OPERATION  11° CONTROLLING CAUSE CONTROLLING CONTROLLING CAUSE CAU	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE THE CONDITION FOR WHITE PLACE OF INJURY THE PLACE OF INJURY T	DUENCE OF  O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED  DAY YEAR 10  711 LOCATION 110 110 110 110 110 110 110 110 110 11	200 AUTOPSY? YES NO	20h IF YE IN CERTI YI UEV == ITE == 18	S, WERE FIND FYING CAUSE ES T PART CONNECTO LOUNIN	INGS USED 5 OF DEATH? NO D
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  110 CONTRIBUTION  111 CONTRIBUTION  112 CONTRIBUTION  113 CONTRIBUTION  114 CONTRIBUTION  115 CONTRIBUTION  116 CONTRIBUTION  117 CONTRIBUTION  117 CONTRIBUTION  118 CONTRIBUTION  119 CONTRIBUTION  1	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE THE CONDITION FOR WHITE THE CONDITION OF THE PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  The PLACE OF INJURY IN HOUR A.M. MONTH P.M.  THE PLACE OF INJURY IN HOUR A.	DUENCE OF  O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED  DAY YEAR 10 711 LOCATION 110 111 LOCATION 110 110 111 LOCATION 110 110 110 110 110 110 110 110 110 11	200 AUTOPSY?  YES   NO    RED (ENTER MATURE OF THE	20h IF YE IN CERTI YI YI YE IN CERTI II YI YE II	S. WERE FIND BYING CAUSE ES  PART   DEPART    LOUNIY  100 and from the	INGS USED S OF DEATH? NO D
EDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19° DATE OF OPERATION  11° CONTROLLING CAUSE CONTROLLING CONTROLLING CAUSE CAU	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO CONDITION FOR WHITE THE CONDITION FOR WHITE PLACE OF INJURY IN HOUR A.M. MONTH PLACE OF INJURY IN HOSE STREET FACTORY OF THE CONTRIBUTION OF THE	DUENCE OF  O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED  DAY YEAR 19 711 LOCATION 112 ADDRESS  DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY?  YES NO NO NEED TENTED HAVE OF THE CITY O	20h IF YE IN CERTIN YE IN CERTIN YE IN CERTIN YE IN CERTIN TO CHANGE TO THE PROPERTY OF THE PR	S. WERE FIND BYING CAUSE ES  LOUNTY L	NGS USED S OF DEATHP NO D
MEDICAL	gove rise to immediate cause (a), stating the underlying cause last, and the underlying cause last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  110 ACCURT WAS UNDERLYING CONCERNING CONTROLLING CAUSE OF DEPARTMENT CONTROLLING CON	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE HOUR AM MONTH  P.M.  THE PLACE OF INJURY (A) HOSEL STREET, FACTORY, OFFIN  OR PRINT)  OR PRINT)  L. 23b. DATE  226	DUENCE OF  O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED  DAY YEAR 19 711 LOCATION 112 ADDRESS  DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY?  YES NO NO NEED TENTED HAVE OF THE CITY OF THE CONTROL OF THE CONTRO	20h IF YE IN CERTIN YE IN CERTIN YE IN CERTIN YE IN CERTIN TO CHANGE TO THE PROPERTY OF THE PR	S. WERE FIND BYING CAUSE ES  LOUNTY L	NGS USED S OF DEATHP NO D

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

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	/	E-was	3

St	STATE REGISTRAR		DEPARTMENT OF CERTI	HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 7	1 7	2	5
	ECEASED NAME FIRST	MIDDL	E	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
{TY	PE OR PRINT)	BY GIRL EN	RTCO		April	19, 1987	1	1625P <sub>M</sub>
3. S		4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BI		NDER I YEAR	IF UNDER 24 HRS
	Female	White	ÄÄ	Fril 19, 1987		YRS	.HS DAYS	HOURS MIN.
70. 1	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY		DEATH	
	Maryland	U.S.A.	WIDOV		Calvert M	emorial		MD.
	CITY OR TOWN OF DEATH	11 NAME OF HOS	PITAL, NURSING HOME	OR OTHER INSTITUTION	12th USUAL OCCUPAT	ION 1	12b. KIND OF	F BUSINESS OR
P	rince Frederick	V		pital	(TIPE OF WORK FOR MOST	, , ,	140031111	
	JAL RESIDENCE (IF NURSING HOME STATE				13e.STREET ADDRESS	/ 7IP CODE OF	zinge	Md 2073
70.	11/	lvert	Owings	YES NO	8540 Will			Ma. 2075
_	FATHER'S NAME			15. MOTHER'S MAIDEN NA		Cuite_Lar		
	Raymond	WIDDLE	rico	Pamela	WIDDLE	Barror	ı (Enri	co)
160.	WAS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO.	17. INFORMANT	ADDR		1111111	.007
	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)						
CERTIFICATION		t conditions <u>cont</u>	A CONSEQUENCE OF	ON WAS PERFORMED	INAL DISEASE OR CON	NDITION GIVEN		
E S	190. DATE OF OPERATION	176. CONDINO	INTOK WITHCIT OF EKATI	ON WAS FER ORMED	YES NO	IN CERTIFYIN	G CAUSES	
MEDICAL CERT		DEATH HOUR A.M.	MONTH DAY YEA					
MEC	WHILE NOT WHILE AT WORK		FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did	on April 1	9 1987	and that in (my) (aur) apinian (	, toA Dr death accurred on the		nd fram the	
	226. SIGNATURE			DEGREE		. 55	22c. DATE	
		nun, mo		MD ATTENDING PHYSICIAN D	MEDICAL STA	AFF ICIAN 🗌	14-2	21-87
1	22d. PHYSICIAN'S NAME (TYP			22e. ADDRESS				
	D. SILPASK	IVAN. M	D	Prince Fr	rederick.Md	20678		
23 a	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION			
	(SPECIFY)		Calver	ct Mem.Hosp.	Prince F		k,Md.	20678

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

NAME

24. FUNERAL DIRECTOR

ADDRESS

25a. DATE REC'D. BY REGISTRAR 25A. REGISTRAR'S SIGNATURE

UN 18 1987

Tribles Formation and Service Property Committee

(VRA 15, 4)

69 1112	18	FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		7 2	5
. 76		CEASED NAME	FIRST ZABETI		C.	į.	FOLEY	2a. DATE OF DEATH	MONTH DAY		OUR I
d ded	2.56			RACE	<u>C.</u>	5. DATE C		6 AGE (IN YEARS LAST BIRT		- 87 S	IDER 24 HRS
de 4 m		Female		White 01		DAY YEAR	86	YRS	HS DAYS HOU	RS MIN.	
Secret Po	70 BIRTHPLACE (STATE OR FOREIGN			U.S.A. WIDOWED			D NEVER MARRIED DIVORCED	BALTIMORE CITY O		DEATH	MD.
See the see of the see	I	rince Fred	erick;	(IF NOT IN SUC	t Count	ADDRESS)  V Nur	csing Center	12d USUAL OCCUPATION IN THE PROPERTY OF WORK FOR MOST OF HOMEMAKER		26 KIND OF BUS NDUSTRY <b>Privat</b>	
F 35	Lin	AL RESIDENCE (IF NORSI	13b COUNTY	HER INSTITUTION	130 CITY OR TOW	ADMISSION)	13d INSIDE CITY LIMITS? YES NO	305 Calve	zip code rt Ur.	Lusby,	20657
1 12/10	14. F	Dale	K	ennedy	Par	rott	15 MOTHER'S MAIDEN NA/	Holte	r	Parro	tt
lical a	16a. \	WAS DECEASED EVER I		RMED FORCES? 166 SOCIAL SECURITY NO. 213-56-1863			17 INFORMANT	ADDRE	ss 305 C	Cal. Dr	
5 50 0		TOO OR UNKNOWN)	JIP 1ES, GIVE W	AR OR DATES	213-56	-1863	William Fo	oley,Jr.	Lusby	, Md.	20657
been segued by mil. Then please prior to buriel, or other or or other or ot	CATION		IFICANT COI	NDITIONS CO	PULMER	DEATH BUT	NOT RELATED TO THE TERM  O) FAST COLOR  N WAS PERFORMED		20b. IF YES, WI		ISED
21 941	E	18.5						YES NO	YES [		D
CENTIAN ON THE CONTINUE CONTINUED HAND	HCAL CE	21a. ACCIDENT WAS UNDO	AUSE OF DEATH	Ρ.	M. MONTH DA M.	AY YEAR	21t HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
office the back of	MEDIC	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR		21e PLACE (	SET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TO	VN	COUNTY	STATE
1 OR ATTENDING the houping or 1 DRECTOR, All marched for view of beginning of Health o		22a.1 certify that (1) saw the deceose abave, (1) (we) (d 22b SIGNATURE		and the second	1010	/	nd that in (my) (aur) apinion of DEGREE	, to			
D HOSPITA O FUNETA Nould be de Lift the Stor		Dr. Jo	nn We	igel,	M.D.		220 ADDRESS	rederick,		and 206	78
BP		BURIAL, CREMATION, F (SPECIFY) <b>burial</b>		236 DATE 6-11	-87 Ou	r Lad	emetery or crematory  y Star of the	23d. LOCATION CITY OR TOWN	ons - Ca	DUNTY	STATE
DHMH - 16 60M 7/B4	24 F.	Borgwardt F	unera	Home	0678.0 wss B	ox 34	B 25a. DAI		TIN MECUSTRAR	SSIGNATURE COLDER	does

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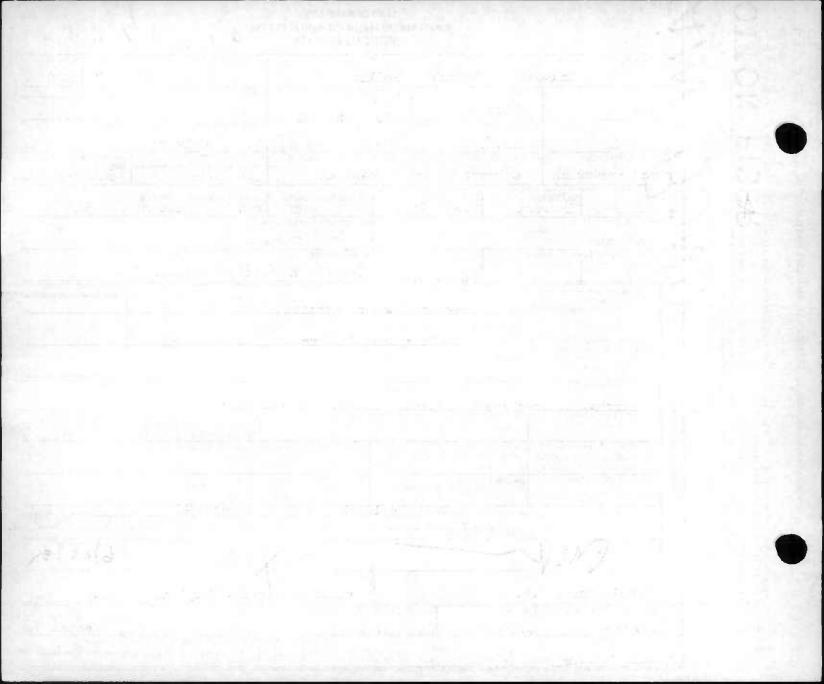
STATE O	F MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

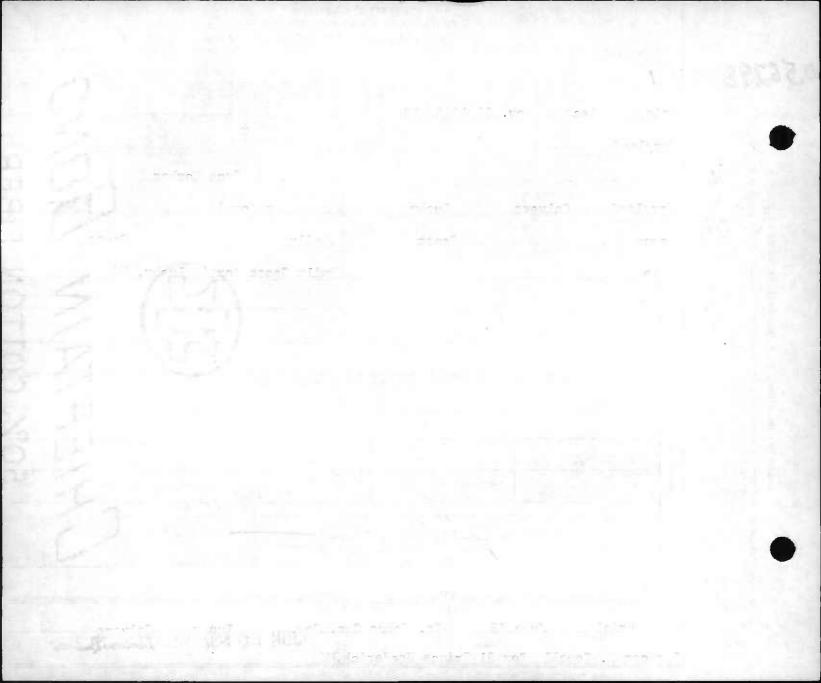
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REGISTR.	AR			CERTIF	CATE OF DEATH	0	REG. NO.	1	la	3
1. DECEASED N. (TYPE OR PRINT)	AME FIRST		WIDDLE	i	ST	20. DATE OF		ONTH DA	AY YEAR	2b. HOUR
	Ham	mond	Leitch	Fol:	Lin		06	24	87	2200
3. SEX		4. RACE		5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YE	ARS LAST BIRTH		F UNDER I YEAR	IF UNDER 24
Male		White		10	08 02	84		YRS.	JATAS DATS	HOURS A
70. BIRTHPLACE	( STATE OR FOREIGN		WHAT COUNTRY?		V 00 05	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
Vingin	ia	U.S.A		WIDOWE	74		Calv	ert		
10. CITY OR TOV		11. NAME OF	HOSPITAL, NURSIN	NG HOME O	R OTHER INSTITUTION	12a USUAL C			12b. KIND O	F BUSINESS
Prince 1	Frederick	Calve	ert Memor	ial Ho	spital	Cab Di				porta
MarylaN	136,00		13c CITY OR TOWN	/N . !	13d. INSIDE CITY LIMITS? YES NO K	SSTREET A	DDRESS / T	ZIP CODE	e. 2	0714
14. FATHER'S NA Unkn	own	WIDDIE	LAST		15. MOTHER'S MAIDEN N	nown	WIDDLE		LASI	
16a. WAS DECEA	SED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	7 11.	ADDRES:	_	2	
No			227-07-5	540	Cecilia A.	tollin.	- лате	e as 1		
18 CAUSI	OF DEATH (Enter	anly ane cause pe	r line far (a), (b), ar	nd (c).)					APPROXI	MATE INTERVAL
Ž ci		esophage	al varici	ies, s	NOT RELATED TO THE TER epsis malnu was performed		PSY?	20b. IF YES.	WERE FINDIN	IGS USED
	ENT WAS UNDERLYING	110110	OF INJURY .M. MONTH D	AV YEAD	21c HOW INJURY OCCU	IRRED (ENTERNAT	URE OF INJURY	IN ITEM 18 PAR	RELORPART 2)	
OR CONTRI	BUTING CAUSE OF NOTIFY MEDICAL EXAMI	DEATH	.M.	19						
UF EITHER  21d. INJUF	NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	7	COUNTY	STAT
220.1 cert	ify that (1) (this ha		ne deceased from_	6/1	2/87 19	, ta6	/24/87	. 19	9	that (I) (we)
saw	the deceased alive e, (I) (we) (did) (did	on 6/2/1 nat) view the bady		, an	d that in (my) (our) apinio	n death occurred	d an the date	e and hour	and from the	couses state
27b. SIGN	ATURE W	M			ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF		6/2	SIGNED &
22d PHYS	CIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS					
Rona	ald Ross,	M.D.			Prince Fred	derick,	Mary1	and	20678	
23a. BURIAL, CRI	EMATION, REMOV				EMETERY OR CREMATORY		TION		COUNTY	STAT
Cremat		6/25/8	7 Cec	dan Hi		Suit	land	Prin	ce 4eo	rges
24. FUNERAL DI		0 , 1	ADDRESS	2072		ATE REC'D. BY RE	GISTRAR 25		Deolder.	URE
Kausch	run. Home	DOX 45 0	wings Md	2073	O J	UN 29	190/	June 1	Marriage V.	Summer and

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1 DECEASED NAME 26. DATE KNOWN K OF 87 Craig Gantt 6/ DEATH MATED 4 RACE S DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY 11:30 10 87 DEAD 1966 Rlack To BIRTHPLACE (STAT 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED Calvert County Maryland 12s USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR INDUSTRY Prince Frederick Calvert Memorial Hospital Iron Worker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 13c. CITY OR TOWN 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES [ 20657 Maryland Calvert Lushy 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST AMIDDLE Emily Gantt Roman Gantt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS HEF MEDICAL EXAMINER ALONG WITH FOR UNED AS A BURIAL-TRANSIT PERMIT. PAGES IN THE ALTH AND MENTAL HYGIENE, DIVISION RIAL CREMATION, OR REMOVAL. IYES NO OP LINKNOWNS Emily Gantt Box 48 Lusby, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [ EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BATTENDE, MARYDAND, \$1201 PRIOR TO BUT T 21e EXTERNAL CAUSE WAS TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (TEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject driver in auto/auto collision 21e PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC. roadway #4 north of Cove Pt. Rd., St. Leonard Md Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection Undetermined monner death resulted from TILE (SPECIFY) Assistant MEDICAL EXAMINER 6/8/87 EXAMINER'S NAME Dennis F. Smyth M.D. 111 Penn St. (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION COUNTY STATE Md 07/84 Buria1 June 13 Johns Chr. Cem 24 FUNERAL DIRECTOR **DHMH** - 17 Box 31 Prince Frederick, Md (VR A15 ME (5)) Spencer E. Sewell



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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may be

## STATE OF MARYLAND

m y		1	-7	53	2	
		3		Com		
	REG. NO.					7.0

1:	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE PREG. NO	172	19			
	CEASED NAME FIRST	MIDDLE		AST		MONTH DAY YEAR	2b HOUR			
(TYPE	E OR PRINT)	TO TO	0			6 1787	7 9:300			
3. SE	Ruth	14. RACE	13. DATE (	rdner	6 AGE (IN YEARS LAST BIR		R IF UNDER 24 HR			
3. JL	^	T. KACE	MONTH		Acc (michigan)	MONTHS DAYS				
	emale	White	Augu	st 3, 1912	74	YRS.				
70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH				
	ew York	USA	WIDOWE				,			
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 12b. KIND	OF BUSINESS			
Pre	ince Frederick	COLLYCOTT MA	GIVE STREET ADDRESS)	anital	TYPE OF WORK FOR MOST O					
			emorial Ho	spicar	Nurse R.N.	. nos	pital			
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU			134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE				
Ma	aryland Cal	vert Pr	. Frederic		Box 134. Da	ares Beach I	Rd. 206			
_	ATHER'S NAME			15 MOTHER'S MAIDEN N.		22 00 2 00011				
D.	FIRST	MIDDLE	LAST	FIRST	WIDDLE	l	AST			
	upert Henrey Ga			Belle Bres		200				
(		VE WAR OR DATES	CIAL SECURITY NO.	17 INFORMANT	ADDRE					
	es WW	II 234	4-44-7144	May Gardner	c, Same as #	13 A-E				
NO	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C		NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	1ro-			
IFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORM			20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES				
CAL CERTI	216. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MO	Y DNTH DAY YEAR 19	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI					
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU	RY ORY, OFFICE, FARM, ETC.)	21E LOCATION STREET	CITY OR TO	WN COUNTY	STATE			
	22a I certify that (1) (this hospital) attended the deceased from 19 19 17, ta 19 17, ta 19 19, that (1) (we) I sow the deceased alive on above, (1) (we) (did) (did not) view the body after death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF									
	220 PHYSICIAN'S NAME	WEIGHL	2	PHYSICIAN  125e. ADDRESS  30 X 26 3	DEFRECTOR DHYSIC	IAN 6	RICHA			
23a. (	BURIAL, CREMATION, REMOVA	23b. DATE 6-18-1987		EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	2067 STATE			
	UNERAL DIRECTOR DON	ald V. Borgi Port Republ	Wardt	25e DA	Alexandr TUN 23 198	1a. Fairfax 25b. REGISTRAR'S SIGN Julia Diorid	ATURE			

Samulated | Indivert | in brotocian | los 15th mann bear id. 2057/1 natural financia Sandana and America t de la company injury, or other troumotic event, the medical

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IMPORTANT: If Hem 21 is morked or Item 18

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	FOR STATE PREGISTRAR			DEPARTM	ENT OF HI	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. NO.	7 2	2 0
	EASED NAME	FIRST	M	NOOLE	LA	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	LOTTI	Œ A	GATHA	GC	DETTEL	06	14 87	22:55PWM.
3. SEX			4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS	IF UNDER 24 HRS
end.	FEMALE		WHITE			-1916	71 YRS	5.	
	CTHPLACE (STATE OR FO	DREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUN		
	ryland		USA		WIDOWE	D DIVORCED	CALVERT COUN		MD.
10. CI	TY OR TOWN OF DEA	TH		OSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
	NCE FREDER		CALVERT	MEMORIAL	. HOSE	PITAL	Housewife		emaker
13a S		136 COUN Calv	ITY	GIVE RESIDENCE BEFORE .  13c. CITY OR TOWN  St. Leon	٧ 1	13d. INSIDE CITY LIMITS? YES NO 🔏	Box 47-F, 2068		
14 FA	THER'S NAME					15. MOTHER'S MAIDEN NA	WE		AST
Harry L. Malone			WIDDLE	LAST		Lottie Bech	told	LA	721
160 WAS DECEASED EVER IN U.S. ARMED FORCES?				166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRESS		
NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			A WAR OR DATES)	216-03-1	809	Frederick G		XIMATE INTERVAL	
	Conditions, if any, gave rise to imm couse (o), storin underlying couse	which nediate g the	DUE TO, OR  DUE TO, OR  DUE TO, OR	PAS A CONSEQUE TAS RAS A CONSEQUE	TAT	peralong IC CAR CEAST	CINOMA 5	r 2	3 years
NOI	PART 2. OTHER SIGN	asla	CONDITIONS CO	eunl	EATH BUT	NOT RELATED TO THE TERM	unal disease or conditions e Melasten 3	GIVEN IN PART 1	int Disen
MEDICAL CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FIND RTIFYING CAUSE YES [	
AL CER	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEA	ALIE .	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)	
MEDIC	21d. INJURY OCCURE	RED	21e PLACE (			21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WO	RK				Lang 10 8	6 12	10 8	1 1 1 1 1 1 1
	22a-1 certify that (1) saw the decease	ed olive on		19		17	death accurred on the date and I	hour and from th	, that (I) (we) last e couses stated
	22b. SIGNATURE	Jid) (did no	t) view the body	atter death.		DEGREE_		22c. DAT	E SIGNED
	AT	me	inst		ເ	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	6	15/87
	22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e ADDRESS			
			NSHI M.D						
230 5	RIPIAL CREMATION	REMOVAL	23h DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

230 BURIAL, CREMATION

6-16-1987

Metropolitan

Alexandria,

Fairfax,

Donald V. Borgwardt 24 FUNERAL DIRECTOR 264, Box 34B, Port Republic, Maryland 20676

JUN 1 9

DEGISTRAR'S SIGNATURE

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18	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 7 2 2 1 CERTIFICATE OF DEATH  REG. NO.							
10	1. DECEASED NAME FIRST (TYPE OR PRINT)		IDDLE	LA	AST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
	Mildred		Viola Keen		mer		06 09 87		0700 M	
	3. SEX Female	4 RACE Bla	ıck	S. DATE OF B		YEAR 1925	6. AGE (IN YEARS LAST BIRTHDAY)  62 YR	MONTHS DA		
34	Maryland		SA WIDOWE		D NEVER MARRIED 🛣		9 BALTIMORE CITY OR COU	NTY OF DEATH	OF DEATH MD.	
9	10. CITY OR TOWN OF DEATH  Prince Frederick	11. NAME OF H	HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHFACILITY, GIVE STREET ADDRESS)  1 Vert Memorial Hospital			ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Domestic	OF BUSINESS OR		
人	USUAL RESIDENCE (IF NURSING HOME C 130. STATE 13b. COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE 13t. CITY OR TOW  Port Rep	ADMISSION)	13d. INSIDE CITY LIMITS?		13e STREET ADDRESS / ZIP CO	ODE	20676	
(	FATHER'S NAME FIRST MIDDLE Randolph				15. MOTHER'S MAIDEN NAM FIRST Edith		ME MIDDLE		Brown	
medicol	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		166. SOCIAL SECURITY NO. 17. INFORMANT 215-38-3785 Fred Keemer P			Plum Point Rd. Huntingtown, MD				
fic event, the	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which  (b)  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  CONSEQUENCE OF  CONDITIONS, if any, which									
or other troumo	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	107	AS A SONISSOUS	NCE OF	Cere		I enula Ac	iden	/	

cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 🗌 NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING \_\_ CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from 19. sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

DEGREE

22e ADDRESS

FUNERAL DIRECTOR: After this certificate has been MPORTANT: If Hem 21 is should be detached for with the State Dept. of H 0 BP DHMH - 16 60M 7/B4 (VRA 15, 4)

rs ofter death

24

signed by the ottending physicion

urial, cremation, or removal pleose remove corbi

tobl

and Mental Hygiene prior use as the burial-transit permit.

of Heolth

or offending physicio

PHYSICIAN:

ATTENDING

Item 18 shows

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morked

Buria] 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

20678 Prince Frederick, Maryland 23d LOCATION

MEDICAL STAFF DIRECTOR PHYSICIAN

23¢ NAME OF CEMETERY OR CREMATORY CITY OR TOWN Edmonds' Chr.

ATTENDING PHYSICIAN.

> Calvert Chesapeake

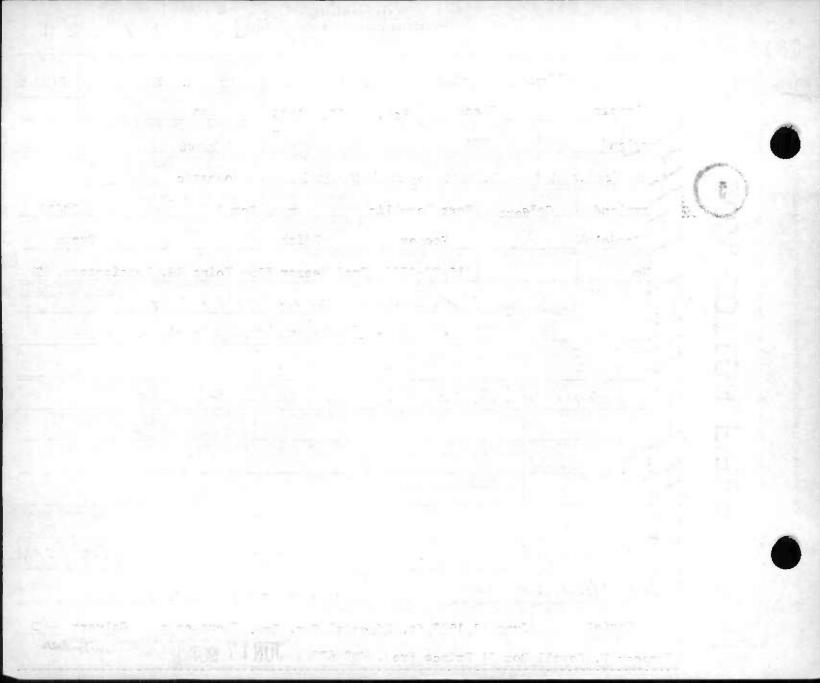
STATE MD

Spencer E. Sewell Box 31 Prince Fred. MD20678

23b. DATE

256. REGISTRARIS SIGNATURE

22c. DAJE SIGNED



(VR A15 ME (5))

ANTOROLO SIE ADE 1511 AND DIO MANIENTE UNITE DE STATE DE CONTRACTOR DE C Let reprine the control of the second second

funeral director, page 3 thin 72 hours after death

STATE OF MARYLAND												
FOR FOR				DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 1 7 2 2 3							2 3	
REGISTRAR					CEKITE	ICAIL OF D	/talh	REG. N	10.		i	
1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR								2b. HOUR				
	Norman Valentine Lewis								06 25	87	11.30	
3. SEX 4 RACE				5. DATE C		YEAR	6. AGE (IN YEARS LAST BE	RTHDAY) TE	UNDER I YEAR	HOURS MIN.		
1	male	1	white		08 30 04			82	YRS.			
	IRTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED XX			9. BALTIMORE CITY OR COUNTY OF DEATH				
	PENNSYLVANIA		U.S.A.		WIDOWED DIVORCED			Calvert MD.				
10. C	ITY OR TOWN OF DEA		. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			ITUTION	120 USUAL OCCUPAT	ION		BUSINESSOR		
Pr	ince Frede	rick		rt Memorial			NAVY	JE WORKING LIFE!		TARY		
USU	AL RESIDENCE (IF NURS		OTHER INSTITUTION,		ADMISSION)	ANA INICIDE C	TV LIANTES	4	/ 7/D CODE	001	m 4	
	MARYLAND	A.A.		CHURCHT	ON	13d. INSIDE C	NOXEX	136.STREET ADDRESS / ZIP CODE 1267 COVE RD.		20	20133	
J4D)FA	ATHER'S NAME						S MAIDEN NA	AME				
HARRÝ EDGAR			LEWI	.S		ABLE	CLARE		MOORE			
	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECU				RITY NO.	17. INFORMA	NT	2802 <sup>AD</sup> 3	ESS t ST	. SE		
	YES		5-1964	577-40-	7269	ANNE	ONUSK				20020	
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								ATE INTERVAL			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)					2 +	7p2c	en		3	meetes	
				R AS A CONSEQUE	NCE OF	2		,			400	
	Conditions, if ony,		onic									
		gove rise to immediate couse (a), stating the			RAS A CONSEQUENCE OF						d	
	underlying couse	lost.	(c)	AS A CONSEQUE	AS A CONSEQUENCE OF							
	PART 2. OTHER SIGN	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)										
ON		SETTING TO SETTING TO SETTING TO THE PROPERTY OF COMPANION OF THE PROPERTY OF COMPANION OF THE PROPERTY OF THE										
CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH				OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES,		WERE FINDINGS USED		
TIF									IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO			
CER	210. ACCIDENT WAS UNE		21b. TIME OI		21¢ HOW INJURY OCCURR			RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	T 1 OR PART 2)		
	OR CONTRIBUTING C		TH.		YEAR						(T)	
MEDICAL		1d. INJURY OCCURRED 21e PLACE OF INJURY			211 LOCATION			CITY OR TOWN		COUNTY STATE		
2	WHILE NOT WH	HILE D	(AT HOME, STRI	REET, FACTORY, OFFICE, FA	RM, ETC ]	STREET		CHTORIC	)WN	COUNT	STATE	
		220-1 certify that (I) (this haspital) attended the descend from									ot (I) (we) lost	
	saw the decease	saw the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death									, , ,	
27b. SIGNATURE DEGREE									22c. DATE SI	GNED		
		3-6	me O	(8h	V_		ATTENDING PHYSICIAN F	MEDICAL STA		61=	26/82	
	22d. PHYSICIAN'S NA	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS						P DIRECTOR   PHISH	CIMIT [	1 '		

TO FUNERAL DIRECTOR: After this certificate ha should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygie etained by the hospital MPORTANT: If hem 21 is BP (VRA 15, 4)

DHMH - 16 60M 7/B4

230. BURIAL, CREMATION, REMOVAL 23b. DATE 6/30/87 BURIAL

23t. NAME OF CEMETERY OR CREMATORY VA CEMETERY

23d LOCATION CHELTENHAM

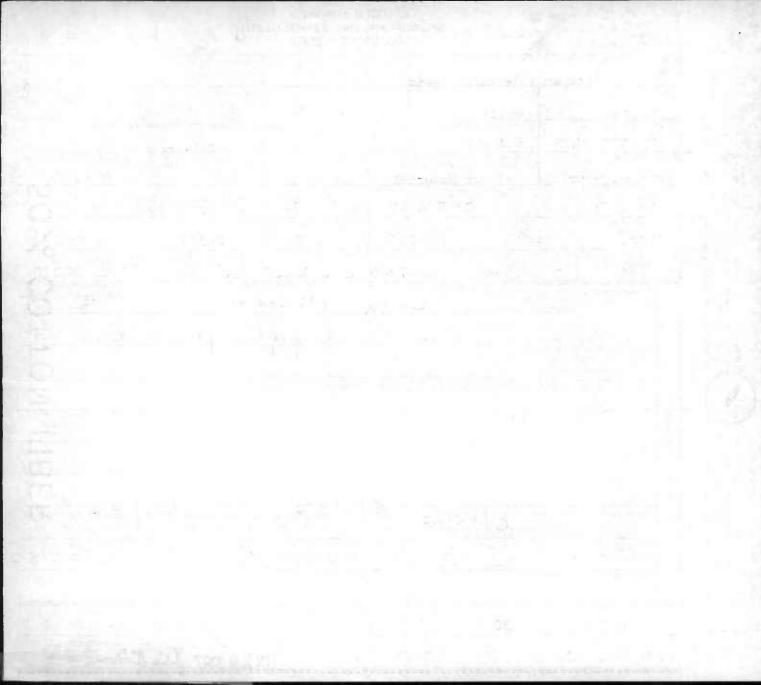
MD

24. FUNERAL DIRECTOR

8

HARDESTY FUNERAL HOME ANNAPOLISMD

250-DATE REC'D-BY REGISTRAR 256 REGISTRAR'S SIGNATURE ulia Devider Re

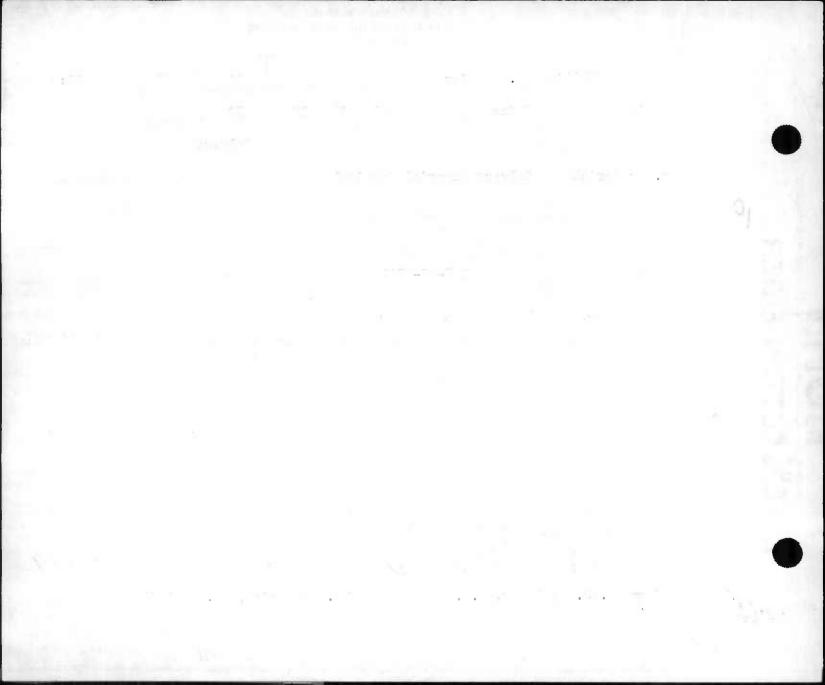


## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

1			En.	la	G	
REG. N	10					
ATE OF DEATH	MONTH	DAY	YEAR	2b.	но	

1000 0000	1	FOR - STATE - REGISTRAR	DEP		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	7 2	2 4	
I SO TO SON O		CEASED NAME FIRST	WIDDLE	L.	AST	20 DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR	
may be page 3 er death		Philip	W. Mier			06 24	87	22:20 M	
po ber d	3 SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT			
Adirector por hours after of		Male	White	MONTH 01		72	YRS.	AYS HOURS MIN.	
Poor Hour	70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O		н	
nerol nazzh	1	Indiana	USA	WIDOWE		Calvert		MD.	
ofter dep y the fune ed within	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	170 USUAL OCCUPATION		ND OF BUSINESS OR	
s off		. Frederick	Calvert Memo	rial Hos	pital	Tool & Dye		hinery	
24 haves after death. Page 4 may	130.	AL RESIDENCE (IF NURSING HOME OR STATE MD 136 COUN Ca	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		13e STREET ADDRESS / 1847 Cliff	ZIP CODE		
thought of the state of the sta	14. F	ATHER'S NAME			15. MOTHER'S MAIDEN NAM	ΛĒ			
b da b		Jesse	Mier (AS	T	Margai	ret	McDuff	ee	
d conte	16a	WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRE	SS		
be executed withy on and completely s. Pages Jand 2 sh e medical examine		no non unknown) (IF YES GIV	S WAR OR DATES)	07-1791	Phyllis Mier	(same as 1	3 above)		
sicioni pers. ol.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (	bi, and ice	4		API BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH	
death certificate b attending physicia ave carban papers. stion, ar remaval. roumatic event, the			D BY: E CAUSE (0) RESO	iralny	anest			-10 mine	
			DUE TO, OR AS A CONS	SEQUENCE OF	6 A				
e deoth ce attendin move corb nation, or r troumatic		Canditions, if any, which gave rise to immediate		ocarcin	oma (R) lun	4	ov.	er 12 mos.	
# # 5 5 5		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF		1			
equires that n signed by Then please r ta burial, cr injury, ar ath	Z	PART 2 OTHER SIGNIFICANT C		G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	Tio	
been mit. I prior any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
he lon.	TIE					YES NO	YES	NO 🔀	
hysicial icote h ronsit p Hygiel	,	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PAR	1 2)	
SICIA ng p reerrit	₹ 5	(IF EITHER NOTIFY MEDICAL EXAMINER		19					
or ottending plants certified the buriolist of the or the buriolist of the or the marked or them	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY C	FFICE FARM ETC )	21f LOCATION	CITY OR TO	wn COUNT	Y STATE	
AP O Se		220 I certify that 🗗 (this haspi			19 87	_, ta 6- Z	19 97	Z, that 🕪 (we) last	
TTEP porto for of H		saw the deceased alive an abave, (# (we) (did) (d-d-	6-24 Ni view the bady after death.	19 87 , 01	nd that in (aur) apinian a	death accurred an the do	ate and haur and fram	the causes stated	
OR A DIREC Oched Dept.		276 SIGNATURE	0 11.	- 0	DEGREE ATTENDING	MEDICAL STAI	E E	ATE SIGNED	
	4	224 PHYSICIAN'S NAME ITY	schloger	W	PHYSICIAN 270 ADDRESS			9-25-87	
O HOSPITAL etained by the TO FUNERAL should be detained the State with the State	П		//						
etained TO FUNI Should bi	22	BURIAL CREMATION, REMOVAL	lager, M.D.	192. NAME OF	Pr. Frederi	Ick Md.	20678		
DD.	230.	Burial, CREMATION, REMOVAL (SPECIFY) Burial	6-27-87		n Mem. Gardens	CITY OR TOWN	COUNTY	STATE	
BP	74	UNERAL DIRECTOR	10-21-01	Souther	750-DAT		Calvert 25M REGISTRAR'S SIG	MD NATARE	
DHMH - 16 60M 7/84 (VRA 15, 4)		RAUSCH	FH OWINGS,	MD 207	36	29 1987	Julia Devides	n. Kondalla	



BP

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial

057484

T - STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

		DEPARTM	ENT OF HE	OF MARYLA EALTH AND A CATE OF D	MENTAL HYG	IENE	REG. N	0	7	2	2	5	
FIRST	MIDDI	i.E	LA	AST		20 DATE OF DEATH MONTH DAY YEAR 26. HOUR							
E.	Madel	ine	Mo	nnett		6	5/]0/8	7			0	6]6a	м
	4 RACE		5 DATE OF		YEAR	6 AGE	IN YEARS LAST BI	RTHDAY)	IF UI	HS DAY		INDER 24 HR	-
	white	<u>.</u>	6/	]8/ 08		78 YRS MONTHS DAYS HOURS					OKS MIN		
OREIGN	76 CITIZEN OF WH	AT COUNTRY?	8 MAPPIER	D NEVER M	AARRIED KO	10 BALTIMORE CITY OF COUNTY OF DEATH							
	USA		WIDOWED		ORCED	Ca1	Lvert	Count	у			- 1	MD.
TH	11. NAME OF HOS	PITAL, NURSING		R OTHER INST	ITUTION		AL OCCUPAT			26 KIND NDUSTR		ISINESS	)R
ick	Calvert M			ital			emaker			Hon			
136 COU		CITY OR TOWN		13d INSIDE CI	ITY LIMITS?		T ADDRESS			206	78		
er Mo	middle onnett	LAST			MAIDEN NAME FIRST		WIDDLE			ı	LAST		_
		SOCIAL SECUR	RITY NO.	17 INFORMA	NT		ADDR	ESS					_
(IF YES GI	VA VAR OR DATES)	218-36-9	838	Margare	et Your	g, Ge	eneral	Del:	lver	y, I	ort	Rep	ubl
AS CAUSE IMMEDIA which nediote g the lost.	DUE TO, OR AS	s a consequent	NCE OF		Colo			ner	<i>f</i>	BETWEE	N ONSET	INTERVAL AND DEAT	H
	conditions <u>cont</u>												
ION		N FOR WHICH (	DPERATION			YES [	JTOPSY?	IN CEI	YES [	ERE FINI G CAUS	ES OF E		
AUSE OF DE	AIH	MONTH DA	Y YEAR	21c HOW IN	JURY OCCUR	RED (ENTE	R NATURE OF INJ	URY IN ITEM	18 PART I	OR PART 2	)		
RED	21e PLACE OF	INJURY FACTORY, OFFICE, FA	(RM ETC)	211 LOCATIO	NO		CITY OR T	OWN		COUNTY		STATE	
(this hosp	ital) attended the d	eceosed from_			. 19	, to			. 19_		_, that	(l) (we) l	ost
d olive or	ot) view the body ofte	er death	, on	d that in (my)	(our) opinion	death occu	rred on the o	dote and	hour on	d from t	he cous	es stoted	
7. /-	2 5 he	h	С	DE GREE A	ATTENDING PHYSICIAN [	MEDIC			-	22c. DA		NED O-8	7

( IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLA 21d INJURY OCCURRED (AT HOM NOT WHILE 22s.1 certify that (I) (this haspital) attended sow the deceased alive on\_ obove, (1) (we) (did) (did not) view the b 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

MAHESH G. SHA Atul Shah

6-12-1987

c/o C. M. H.

23d LOCATION

St. Leonard, Calvert, Maryland Waters Memorial UMC

Donald V. Borgwardt 24 FUNERAL DIRECTOR 264, Box 34B, Port Republic, Maryland 20676

23b DATE

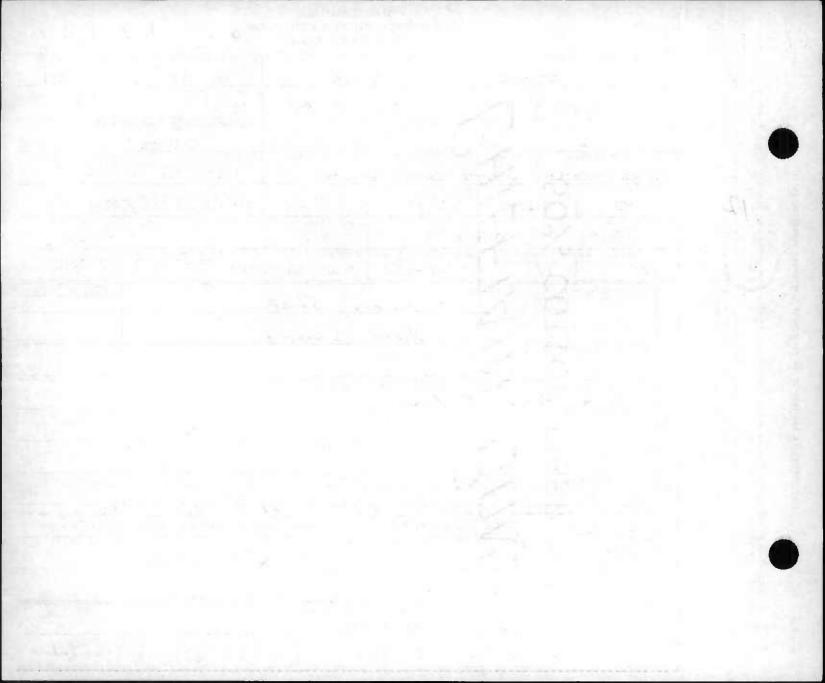
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		IOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed
		OSI

Indiana a	1.	FOR STATE		DEPART		EALTH AND MENTAL HY	SIENE 8 7		7 2	20
	87		I. Munro		CERTIF	ICATE OF DEATH	REG. N			1
٠ ج		CEASED NAME FIRST		MIDDLE	00 / 12	AST (	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
or deoth	2.05	ALIC		M	mui		6/3/	ਤ /	IS ALLEGED LANGUE	915P
100	3. SE)		4. RACE		S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIT	THDAY)	ONTHS DAYS	IF UNDER 24 HRS
	7a Bl	RTHPLACE (STATE OR FOREIGN	Zh CITIZEN OE	White WHAT COUNTRY?		h_12, 1891	96 9 BALTIMORE CITY O	YRS.	OFDEATH	
3		COUNTRY)	USA	MIAI COOMINI.	MARRIE	D NEVER MARRIED	Calvert	<u> </u>	OI DEATH	
4		ryland TY OR TOWN OF DEATH	11. NAME OF		NG HOME C	DR OTHER INSTITUTION	120 USUAL OCCUPAT	ION		F BUSINESS O
9		ince Frederick	Calver	t House N	lursin	g Home	Housewife	OF WORKING LIFE	Homem	aker
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COULTY CALL	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Huntingt	/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3351 Carro	ZIP CODE	ad, 206	39
14		THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST	
H	Ge	orge Henry Place	ide			Maggie Pri	ce Kirchne	2		
1	16a V	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU		17 INFORMANT	ADDR			
/		NO NOR UNKNOWN) (IF YES, GO	I/A	367-32-0	0840	Robert A.	Stange, Sar	ne as #		
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	line for (o), (b), on	id (c).	554141	1 6 14 65	· 1 5		MATE INTERVAL
			TE CAUSE (o)	INTO	CLE	DECUBIT	oz occe	(5)	mo	NTHS
•		Conditions, if any, which	DUE TO, OF	R AS A CONSEQUE	ENCE OF	CONT RAC-	TURES		mo	NTHS
		gove rise to immediate couse (a), stating the underlying couse last.	(c)	r as a conseque			Tries.	Ų.		
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CC	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	vinal disease or con	DITION GIVE	EN IN PART 10	
	AT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	GSTISED
2000	TIFIC						YES NO	YES		
90	L CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		F INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR				OF DEATH?
ララ	1 1	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.R	M. MONTH DA	AY YEAR					OF DEATH?
77	MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	ATH HOUR A.I	M. MONTH DA	19	21c. HOW INJURY OCCUR		RY IN ITEM 18 PA		OF DEATH?
99	1 1	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.I P./ 21e PLACE ( (AT HOME, STR	M. MONTH DA M. OF INJURY JEET, FACTORY OFFICE F	19	211 LOCATION	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	COUNTY	OF DEATH? NO
7	1 1	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this hosp  sow the deceased alive or	ATH HOUR A.I. R) P.J. 21e PLACE ( (AT HOME, STR.) 11g of ottended the	M. MONTH DAM.  OF INJURY  EET, FACTORY OFFICE F  deceased from  5/2	19	211 LOCATION SIREET	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	COUNTY	OF DEATH? NO
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2 d nem 21 is morked of them	1 1	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHIE NOT WHIE AT WORK  22a. I certify that (1) (this hasp sow the deceased give or above, (1) well did italian	ATH HOUR A.I. R) P.J. 21e PLACE ( (AT HOME, STR.) 11g of ottended the	M. MONTH DAM.  OF INJURY  EET, FACTORY OFFICE F  deceased from  5/2	19 FARM ETC)	211 LOCATION STREET  19 5 6 and that in (my) (our) opinion DEGREE  ATTENDING	CITY OR TO	NWN  South of the ord hour	COUNTY  ond from the c	OF DEATH? NO STATE
	1 1	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHIE NOT WHIE AT WORK  22a. I certify that (1) (this hasp sow the deceased give or above, (1) well did italian	ATH P./ 21e PLACE (AT HOME, STR  OF (1055)	M. MONTH DAM.  OF INJURY  EET, FACTORY OFFICE F  deceased from  5/2	19 FARM ETC)	211 LOCATION STREET  3 , 19 3 G and that in (my) (our) opinion DEGREE	CITY OR TO	NWN  South of the ord hour	COUNTY  Ond from the c	OF DEATH? NO STATE
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		Ĭ		EASED NAME	FIRST	A	AIDDLE	t.	AST	20		MONTH DA	Y YEAR	2b. HOUR
nay be	eath		(ITPE	OR PRINT)	Marg	garet		Ov	Owings		06 12 87			0835 M
Po .	offer		3. SEX			4. RACE			5. DATE OF BIRTH		AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ge 4	haurs of			fem	ale	white		Jan	25^ 1907	<i>y</i>	80	YRS	INTHS DAYS	HOURS MIN.
eath. Pa		5		THPLACE (STATE OR FO	OREIGN	76. CITIZEN OF V	WHAT COUNTR	MARRIEI WIDOWE	D NEVER MARRIED		BALTIMORE CITY <u>O</u> Cal	RCOUNTY C Lvert	F DEATH	MD.
e offer d by the fu	55	7		YORTOWN OF DEA	1	(IF NOT IN SUC	HOSPITAL, NUR HEACILITY, GIVE STR IT Memo	EET ADDRESS)	OR OTHER INSTITUTION	N 120	USUAL OCCUPATE  YPE OF WORK FOR MOST O  HOUSEWIF	ON	12b. KIND C INDUSTRY	OF BUSINESS OR
Ta house		1	130. S	L RESIDENCE (IF NURSI TATE MD	ng HOME OR O 13b COUN Ca	OTHER INSTITUTION,		ORE ADMISSION)	13d. INSIDE CITY LIMIT	ITS? 13g	street address /	zip cobe Lane/	20736	
Total Off	04/	0	14. FA	THER'S NAME Wallac	e ^	AIDDLE OWi	ngs (AST		15. MOTHER'S MAIDE	NAME	WIDDLE		Dorse	ey
	medical	1	- IY	AS DECEASED EVER I ES, NO OR UNKNOWN) NO	N U.S. ARA (IF YES, GIVE N	MED FORCES? WAR OR DATES)	166 SOCIAL SE 217-07		Owings Ma	conac	1572 <sup>ADW</sup> E	fidsor Anna,	Lane CA	92705
irfico phy	an path emav			18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	y one couse per DBY: E CAUSE (a)	AL.	dio gen	ii Sho	ck			BETWEEN	XIMATE INTERVAL LONSET AND DEATH
quires that the death	hen please remove carb ta burial, crematian, ar i ijury, ar ather traumatic		NC	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	ediote g the lost.	(b) DUE TO, OF	R AS A CONSEC	HOFFIC DUENCE OF	S Anos		al disease or coni	DITION GIVER	V IN PART 1	10
he law re an. has been	giene prior shaws any ir	7	CERTIFICATION	19a. DATE OF OPERAT	ION	19b CONDI	TION FOR WHI	CH OPERATION	N WAS PERFORMED		20a AUTÓPSY?	20b. IF YES, IN CERTIFYI YES		INGS USED S OF DEATH?
ICIAN: T g physici ertificate	Mental Hygin I I I I I I I I I I I I I I I I I I I	7		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT	21b. TIME O HOUR A.I	M. MONTH	DAY YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	T I OR PART 2)	
offending offending ter this c	oith and Me marked or It		MEDICAL	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	ED	21e. PLACE (		CE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
ATTENDING PHYSICIAN: aspital or attending physi- ECTOR: After this certifical	for us of He 21 is			22a. I certify that (I) saw the decease above, (I) (we) (d	d olive on	9/1	// 19	per as	nd that in (my) (ew) op	87 pinion deo	, to	ote and hour c		that (I) (we) last couses stated
O P P	detached tate Dept. NT: If Item			226. SIGNATURE Mass	1/.	Merly				ING A	MEDICAL STAF	FF IAN []	22c. DATE	ESIGNED
O HOSPITAL etained by th	should be det with the State IMPORTANT:	1		22d. PHYSICIAN'S NA Mark	ME (TYPE OR	1	short		Prince F		rick. Mary	land	20678	
BP_	v ≥ ₹ .		23a. B	URIAL, CREMATION, F PECIFY) Cremati		236. DATE 6-15-		cedar H	EMETERY OR CREMAT		23d LOCATION CITY OR TOWN Suitland	PG	COUNTY	STATE
	5 60M 7/B4 15, 4)		24 FU	NERAL DIRECTOR	usch		VINGS ADDRIM	F-4-1-1	250	JUN	C'D. BY REGISTRAR	25b. REGISTRA		



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nerol director, page 3 in 72 hours after death

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DEPARTMENT	OF	HEALTH	AND	MENTAL	HYG

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	7	Ca	dia.	

7 0	REGISTRAR			221 71111		ICATE OF DEATH	REG. NO.	6.0	iline f	
	CEASED NAME	FIR51	12	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
(TYPE	E OR PRINT)  Dor	rothy G	ott Ro	gers			June 6, 19	187	7:30	
3. SE:			RACE		S. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24	
F	emale		White		Augu	ist 9, 1917	69	MONTHS DAYS	HOURS A	
Zar Bl	IRTHPLACE (STATE OR	FOREIGN 71	. CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY OR COU			
	laryland		USA		WIDOW		Calvert			
10 CITY OR TOWN OF DEATH  Pr. Frederick			(IF NOT IN SU	HOSPITAL, NURSING HEACILITY, GIVE STREET PT Memori	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKI)  Housewife	NG LIFE) INDUSTRY	12b. KIND OF BUSINESS INDUSTRY Homemaker	
USU.	AL RESIDENCE (IF NUR STATE	SING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					
	rvland	Calve		Broomes		13d INSIDE CITY LIMITS?	Box 149, Rog	ers Lane	20615	
	ATHER'S NAME				2021	15 MOTHER'S MAIDEN NA	AE .			
Jo	hn Mervin		DDIE	LAST		Mary Sal	ly Bowen	LAS	51	
16a V	WAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS			
-	(YES, NO OR UNKNOWN)	(IF YES, GIVE	A OR DATES)	217-03-9	9206	Ballard L.	Rogers, Same a	as #13 A-1	E	
	Conditions, if any	which	A .1.3	AND IT TO AN A STATE OF THE STA						
ICATION	gove rise to im couse (o), stofti underlying couse PART 2 OTHER SIG	mediote ng the e lost. NIFICANT CO	onditions <u>C</u>	R AS A CONSEQUE	ence of <u>Death</u> But	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	F YES, WERE FIND!	NGS USED	
RTIFICATION	PART 2 OTHER SIG	mediote ng the e lost. NIFICANT CO	(c)	R AS A CONSEQUE	ence of <u>Death</u> But	NOT RELATED TO THE TERM	200 AUTOPSY? 205. II	F YES, WERE FIND II ERTIFYING CAUSES YES [	VGS USED	
CAL CERTIFICATION	couse (a), state underlying couse	mediate ng the e lost.  NIFICANT CO	196 COND  216. TIME COND	R AS A CONSEQUE  ONTRIBUTING TO E  (TION FOR WHICH  DE INJURY	ence of <u>Death</u> But	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION  200 AUTOPSY?  200 IN CE	F YES, WERE FIND II ERTIFYING CAUSES YES [	NGS USED OF DEATH?	
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MEDICAL	PART 2 OTHER SIG  PART 2 OTHER SIG  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED 21d INJURY OCCUR  WHILE NOTIFY MED 220. I certify that (I sow the decess obove. (I) (we) 22b. SIGNATURE	mediote mg the e lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH ICAL EXAMINER)  TRED  HILE SEE  O) (this hospitolised of live on did) (did not)  AME (type or if type or if t	196 COND 196 COND 216 TIME C HOUR A P 21e PLACE (AT HOME ST VIEW the body	ONTRIBUTING TO I	OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  21l. LOCATION STREET  21l. LOCATION STREET  22c ADDRESS  22c ADDRESS	200 AUTOPSY? 200 AUTOPSY? YES NO NO NO TOWN  CITY OR TOWN  AMEDICAL STAFF DIRECTOR PHYSICIAN C	FYES, WERE FINDING CAUSES YES (MISS PART 1 OR PART 2) COUNTY Hour and from the	NGS USED OF DEATH? NO   STAT  that (I) (we couses state)  SIGNED	
MEDICAL	COUSE (0), stoft underlying couse PART 2 OTHER SIG  PART 2 OTHER SIG  190 DATE OF OPERA  210 ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTHY MED 21d INJURY OCCUR WHILE NOT WAT WOR 220 I certify that (1) sow the decess obove. (1) (we) 22b. SIGNATURE	mediote mg the e lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH ICAL EXAMINER)  TRED  HILE SEE  O) (this hospitolised of live on did) (did not)  AME (type or if type or if t	PRESENTATIONS CONDITIONS CONDITIO	ONTRIBUTING TO I	OPERATIO  AY YEAR  19  ARM.ETC)  NAME OF C	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURE  21l. LOCATION STREET  19  DEGREE  ATTENDING PHYSICIAN E  22e ADDRESS	206 AUTOPSY?  YES NO NOTE IN THE AUTOPS IN THE AUTOPS TOWN  CITY OR TOWN  AMEDICAL STAFF  DIRECTOR PHYSICIAN  236 LOCATION CITY OR TOWN	FYES, WERE FINDING CAUSES YES (MISS PART 1 OR PART 2) COUNTY Hour and from the	NGS USED OF DEATH? NO   STAT  that (I) (we couses state)  SIGNED	

Box 34B, Port Republic, Maryland 20676

DHMH - 16 60M 7/84 (VRA 15, 4)

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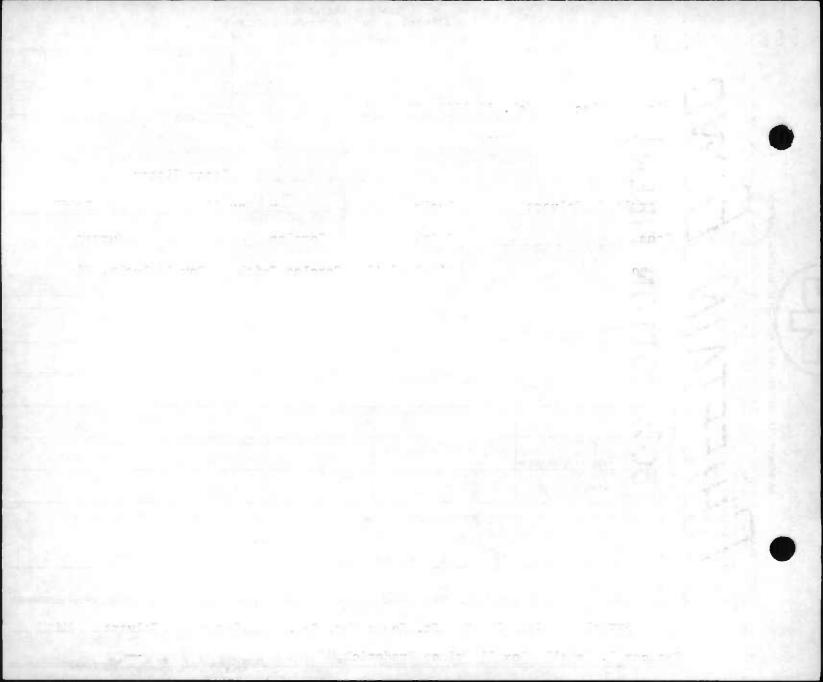
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE U 5 6 2 9 9 JUN - STATE REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME 2b. HOUR (TYPE OR PRINT) OF ESTI-ECESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. IN 72 HOURS Smith DEATH MATED 87 George 6/ 19 4 RACE 3 SEX DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 19 87 Feb. 15 1965 DEAD Male 22 Black BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland Calvart County, USA WIDOWED | DIVORCED B. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY Unopened Rt. #4 north of Cove Pt. Rd. St. Leonard Steam Fitter USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13e. STREET ADDRESS 3a. STATE 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN Calvert 20657 Lusby YES Box 60 Maryland NO E 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Smith Coralee Murray Leon 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 FLOWER TO RECUE THE CERTIFICATE. WRITING THE WORD "PENDING" IN PRIOR. IN 18 GIVE PA PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL "TRANSIT PERMIT. PAGES I AFTER DEATH WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, DIVISION BALLIMORE, MARYDAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 66. SOCIAL SECURITY NO ADDRESS 219-90-2842 Box 60 Lusby, Md Coralee Smith no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if dny, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X HOUR A.M. MONTH DAY YE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject passenger in auto/auto collision 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) #4 north of Cove Pt. Rd., St. Leonard, Md. WHILE AT WORK AT WORK roadway 22e I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted from Hamicide .... Undetermined manner Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 6/8/87 EXAMINER'S NAME 111 Penn St. Dennis F. Smyth, M.D. (TYPE OR PRINT) **ADDRESS** 236 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION 73r NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial June 13-87 Johns Chr. Cem 07/84 Lusby Calvert 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 **DHMH - 17** Box 31 Prince Frederick, Md (VR A15 ME (5)) Spencer E. Sewell



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF SWANN 19 87 ROBERT WELCH □06 DEATH MATED 4 RACE DATE OF BIRTH & AGE (IN YEARS JE UNDER 1 YR IF LINDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 68 white 04-04-1919 DEAD male TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MD IISA DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY PRINCE FREDERICK Agriculture USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 147 Chanevville Rd/20736 Calvert MD Owings 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Walter Sunderland Swann Susan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMAN (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) (same as 13 above) 218-36-1881 WW TT Susanne Swann ves 18 CAUSE OF DEATH (Enter only one cause p APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM B PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG FOR **UNERAL DIRECTOR**: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSI TEAMING AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL IN GIERE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a) stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d, INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM FTC 1 CITY OF TOWN COUNTY 228. I certify that I taok charge of the remains described above, held an Inspection deoth resulted from: Accident Homicide \_\_\_ Undetermined manner Natural causes TITLE (SPECIFY SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME

07/84 BP 25M **DHMH - 17** 

(VR A15 ME (5))

6-26-87

EMAD

AL-BANNA

23c NAME OF CEMETERY OR CREMATORY Lower Marlboro UM Church

**ADDRESS** 

23d. LOCATION Owings

Calvert 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE MD

NO [

STATE

h HOUR

2d HOUR

1145

24 FUNERAL DIRECTOR

23a BURIAL CREMATION REMOVAL 23b DATE

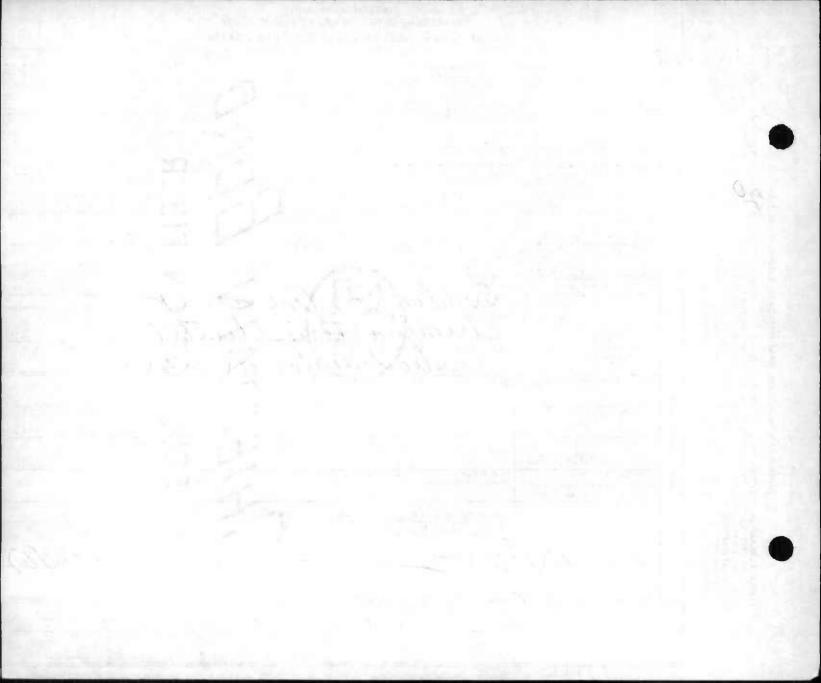
RAUSCH

Burial

(TYPE OR PRINT)

ADDRESS FH

OWINGS, MD 20736



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 / 1 2	7 2 3
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FOR STATE				EALTH AND MENTAL HY	GIENE 8 /	172	2 3 2
1 DECEASED NAME	FIRST	MIDDLE		AST .	20 DATE OF DEATH		R 2b. HOUR
(TYPE OR PRINT)	1	Christina			06 16	0.7	0000
3. SEX	Helen	RACE	S. DATE O	ard DE BIRTH	06 16	87	0930 EAR IF UNDER 24 HI
Female		White			70	YRS.	AYS HOURS MI
70. BIRTHPLACE (STAT	E OR FOREIGN	b. CITIZEN OF WHAT CO	HINTPY2 8		9 BALTIMORE CITY OF		н
Washingto:	n. D.C.	USA	WIDOW	D M NEVER MARRIED D	Calmont		
IN CITY OR TOWN OF		1. NAME OF HOSPITAL	, NURSING HOME (		Calvert		D OF BUSINESS
Prince Fred	lerick	Calvert Me		osnital	Bindery Work		inting
		THER INSTITUTION, GIVE RESIDE		13d. INSIDE CITY LIMITS?	P. O. Box 2	ZIP CODE 273, 20685	
14. FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME		
Harry Jos		IDDLE S	LAST	Elizabeth E	astburn		LAST
160 WAS DECEASED E	VER IN U.S. ARA		IAL SECURITY NO.	17 INFORMANT	ADDRES	SS	
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY (15. NO OR UNKNOWN) (16 YES, SURWAR OR DATES) 579-09-502				Alfred M. W	ard, Same as	#13 A-E	
		one couse per line for to					ROXIMATE INTERVAL EEN ONSET AND DEA
	SIGNIFICANT C	ONDITIONS <u>CONTRIBUT</u>	ING TO DEATH BUT	NOT RELATED TO THE TERM	ainal disease or cond	DITION GIVEN IN PAR	T Ito
190 DATE OF OF	ERATION	196. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
On Constitutions	S UNDERLYING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MOI P.M.	NTH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM TE PART I OR PART	(2)
(IF EITHER, NOTIFY  21d. IN JURY OC  WHILE AT WORK	T WHILE	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		211. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
saw the de	eased alive on_	ol) ottended the deceose	19 0	nd that in (my) (our) opinion	, to, death occurred on the do	te and hour and from	, that (I) (we) the causes stated
226. SIGNATURI 22d. PHYSICIAN	de.	Blow		DEGREE  ATTENDING PHYSICIAN  The ADDRESS	MEDICAL STAF	F	ate signed
		na, M.D.			ederick, Mar	yland 20	0678
8 Burial CREMATI		23b. DATE 6-19-1987	Md. Vet	. Cheltenham		am, Pr. Geo	
24. FUNERAL DIRECTO		d V. Borgwa			TE REC'D. BY REGISTRAR	Sh REGISTRAR'S SIGI	NATURE .
Rt 264, Bo	x 34B, 1	Port Republi	c, Maryla	nd 20676 JUI	23 4007	Julia Davidson	· Karacana

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

PERCENCE NOT A THE PROPERTY OF THE PROPERTY AND ASSESSMENT OF THE PERCENCENT AND ASSESSMENT ASSESSM

the test can probable to consider the test Cartelled

the funeral director, page 3 the within 72 hours after death

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1	STATE
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1		1	7	9	- 2	
				Gian	800	. 0
	REG. NO.					

I. DECEASED NA	AME FIRST		MIDDLE	£.	AST		20. DATE (	OF DEATH	MONTH	DAY	YEAR	2b. HO	JR
(TYPE OR PRINT)	Poho	n t	P.		Lind oht			06 2	- 0	7		10	d
3. SEX	Robe	4. RACE	I.e	5. DATE C	Wright			06 2.		·	DER I YEAR	# UNDE	2 2 1
				MONTH	DAY	YEAR		TEARS EAST D	arrigar)	MONI		HOURS	
Mal		White		6	12	1919	68			RS.			L
70. BIRTHPLACE COUNTRY)	[STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MA	ARRIED X	9 BALTIM	ORE CITY	OR COL	INTY OF	DEATH		
Wash.,		U.S.		WIDOWE		ORCED [	Cal	vert (	Co.				
10. CITY OR TOW	VN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTIT	TUTION		OCCUPAT			b. KIND C	F BUSIN	ES
	Frederick	Calve	rt Memori	al Ho	spital			tracto		NO LIFE)   II		truc	t
USUAL RESIDEN 130. STATE	CE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CIT	Y HANTS?	13e STREET	ADDRESS	/ 7IP C	ODE			
Md.	Calv		North Be			NO 🗌	9306	ADDRESS Atlan	ític	Ave	. 2	0714	
14. FATHER'S NA					15. MOTHER'S		ΛE						
Will:		MIDDLE	Wright		Sad	i e		E.			Palm		
16a. WAS DECEA	SED EVER IN U.S. ARA		16b. SOCIAL SECU	IRITY NO.	17 INFORMAN				ESS <sub>C</sub> -	C 0.			A
YES, NO OR UNI	KNOWN) (IF YES, GIVE	WAR OR DATES)	579-05-2	22/1	Marie	F Cla	mante	D.	65	6 Ca	LIIOI	nia	A
					Harre	L. OIC	men cs	K	sen	aven			
PART I.	OF DEATH (Enter onl DEATH WAS CAUSE	y one couse per O BY:	line for (o), (b), one	dic.	1.	-0				-		MATE INTE	
	IMMEDIAT	E CAUSE (o)	1250	rau	m ran	une					5-11	0 mis	1
	ns, if any, which	(0)	- ul										n
couse (c	e to immediate of, stating the g couse lost.	DUE TO, O	R AS A CONSEQUE	51	cano	er					24	15	
couse (counderlying	o), stoting the g couse lost.  THER SIGNIFICANT C	ONDITIONS CO	R AS A CONSEQUE	DEATH BUT	COMO NOT RELATED T		NAL DISEA	SE OR COM	4OITION	GIVEN I	2 4	<i>(</i> ,5	
couse (counderlying	o), stoting the g couse lost.	onpitions <u>co</u>	R AS A CONSEQUE	DEATH BUT	COMO NOT RELATED T	TO THE TERM	200 AU		20b	F YES, WE ERTIFYING	RE FINDI	NGS USE	ΙН
PART 2 OF THE COURSE OF THE CO	THER SIGNIFICANT C	ONDITIONS CO OR in 196 COND	DATRIBUTING TO E	DEATH BUT OPERATION	COMO NOT RELATED T	MED	200 AU	OPSY?	20b I IN CI	F YES, WE ERTIFYING YES	RE FINDI	NGS USE	ГН
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PART 2 OF THE CONTRIBUTION	O), stating the g couse lost.  THER SIGNIFICANT C  COUPLE OF OF COMMENT COMMEN	ONDITIONS CO 196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 197 COND 198 COND 19	R AS A CONSEQUE  DITRIBUTING TO E  DH 34  IT ION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F.	DEATH BUT A DEATH OPERATION OPERATION AY YEAR 19 ARM, ETC.)	OMAC NOT RELATED TO N WAS PERFORE 211. HOW INJU	MED URY OCCURR	200 AU	NO X	20b I IN CI	F YES, WE ERTIFYING YES TO MIB PARTIT	RE FIN DIE CAUSES DR PART 2)	NGS USE OF DEA NO	TH STA
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PART 2 OF CONTRIBUTION OF CONT	THER SIGNIFICANT C  TO FORERATION  TO COURT CAUSE OF DEA: NOTEY MEDICAL EXAMINER; Y OCCURRED  NOT WHILE ALL WORK  THEY HOUSE OF DEA: NO	ONDITIONS COLOR IN INTERPRETATION OF THE PLACE (AT HOME, STI	R AS A CONSEQUE  DITRIBUTING TO E  DITRIBUTING TO E  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE F.  e deceosed from  19	DEATH BUT  OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE PROPERTY OF	MED  URY OCCURR	200 AU' YES DED (ENTERT	OPSY?  NO   NATURE OF INJ  CITY OR T	20b I IN CI	F YES, WE ERTIFYING YES  YES  19 19 1 hour onc	RE FINDING CAUSES  OR PART 2)  COUNTY	NGS USE OF DEA' NO S	TH'
PART 2 OF THE PROPERTY OF THE	THER SIGNIFICANT C  TO FORERATION  TO COURT CAUSE OF DEA: NOTEY MEDICAL EXAMINER; Y OCCURRED  NOT WHILE ALL WORK  THEY HOUSE OF DEA: NO	ONDITIONS COLOR IN INTERPRETATION OF THE PLACE (AT HOME, STI	R AS A CONSEQUE  DITRIBUTING TO E  DITRIBUTING TO E  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE F.  e deceosed from  19	DEATH BUT  OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO NEW AS PERFORD  211 LOCATION STREET  211 LOCATION CODEGREE  AT	MED  URY OCCURR  19  our) opinion o	Z80 AU' YES D ED (ENTER+)	OPSY?  NO A HATURE OF INJ  CITY OR To the control of the control o	20b I IN CI	F YES, WEE RTIFYING YES   A 18 PART 11	RE FINDIR CAUSES OR PART 2)	NGS USE OF DEA' NO S	THI STA
PART 2 OF THE PROPERTY OF THE	THER SIGNIFICANT C  TO FORERATION  TO COURT CAUSE OF DEA: NOTEY MEDICAL EXAMINER; Y OCCURRED  NOT WHILE ALL WORK  THEY HOUSE OF DEA: NO	ONDITIONS COLOR  ONDITIONS COLOR  196 COND  196 COND  HOUR A. P.  21e PLACE (ATHOME. STI	R AS A CONSEQUE  DITRIBUTING TO E  DITRIBUTING TO E  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE F.  e deceosed from  19	DEATH BUT  OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO NEW AS PERFORD  211 LOCATION STREET  211 LOCATION CODEGREE  AT	MED  URY OCCURR  19  19  TENDING HYSICIAN	Z80 AU' YES D ED (ENTER+)	OPSY?  NO A HATURE OF INJ  CITY OR To the control of the control o	20b I IN CI	F YES, WEE RTIFYING YES   A 18 PART 11	RE FINDING CAUSES  OR PART 2)  COUNTY	NGS USE OF DEA' NO S	THI STA
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PART 2 OF THE COUNTY OF THE CO	THER SIGNIFICANT CONTROL OF OTERATION  INT WAS UNDERLYING CAUSE OF DEA:  NOTEY MEDICAL EXAMINER!  Y OCCURRED  NOT WHILE AL WORK  Ty that Tu (this hospithe deceosed alive on the control of the control o	ONDITIONS CO.  196 COND  196 COND  196 COND  196 COND  196 COND  197 PRIME CO.  198 PLACE (AT HOME, STI	DITRIBUTING TO E  DH 34  ITION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, F.  other, death.	DEATH BUT  AV YEAR  19  ARM, ETC)	21c HOW INJU 211 LOCATION STREET  20 DEGREE AT PH 22e ADDRESS	MED  URY OCCURR  19 7  DOUR) Opinion of TENDING HYSICIAN  e Fred	YES DED (ENTER I	OPSY?  NO A  IATURE OF INJ  CITY OR T.  CITY OR T.  STA  PHYSI  MD	20b IIN CI	FYES, WERTIFYING YES 1  A 18 PART 1  19  1 hour onc	RE FINDING CAUSES  COUNTY  From the  22c. DATE	that HT (couses st	STA we
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

